

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
WESTERN DIVISION

- - -

Harry G. Beyoglides, Jr.,
Special Administrator of the
Estate of Robert Andrew
Richardson, Sr., Deceased,
Plaintiff,
vs.

Case No. 3:14-CV-00158

Phil Plummer/Montgomery County
Sheriff, et al.,
Defendants

- - -

DEPOSITION OF STEVEN STOCKHAUSER
the Defendant herein, called by the Plaintiff under the
applicable Rules of Civil Procedure, taken before me,
Whitney Layne, a Notary Public for the State of Ohio, at
the law firm of Dinkler & Pregon, 5335 Far Hills Avenue,
Suite 117, Dayton, Ohio 45429 on December 7, 2015 at
11:05 a.m.

LAYNE & ASSOCIATES
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DUBLIN, OHIO 43017
614-309-1669

1 APPEARANCES

2

3 NICHOLAS DICELLO, ESQUIRE
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8 on behalf of the Plaintiff

9

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15 on behalf of the Sheriff
16 Defendants

17

18 CARRIE STARTS, ESQUIRE
19 ROBERT HOJNOSKI, ESQUIRE
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21 525 Vine Street
22 Suite 1700
23 Cincinnati, Ohio 45202
24 on behalf of the Defendants
NaphCare, Inc., Nurse Felicia Foster,
Nurse Jon Boehringer, Nurse Krisandra
Miles, Medic Steven Stockhauser,
and Brenda Garrett Ellis, M.D.

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December 7, 2015

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Monday Session

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STIPULATIONS

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It is stipulated by and among counsel for the
respective parties that the deposition of STEVEN
STOCKHAUSER, the Defendant herein, called by the Plaintiff
under the applicable Rules of Civil Procedure, may be
taken at this time by the notary Whitney Layne; that said
deposition may be reduced to writing in stenotypy by the
notary, whose notes thereafter may be transcribed out of
the presence of the witness; and that the proof of the
official character and qualification of the notary is
waived.

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1 STEVEN STOCKHAUSER

2 Being first duly sworn, as hereinafter

3 certified, deposes and says as follows:

4 CROSS-EXAMINTION

5 MS. STARTS: I'm Carrie Starts and I represent
6 Mr. Stockhauser. And he's appearing today voluntarily,
7 but he is not waiving the service defense which we've
8 raised from the outset of this case, and the judge has
9 ordered that he is not waiving that defense by voluntarily
10 appearing today. I just wanted to state that on the
11 record.

12 BY MR. DICELLO:

13 Q Good morning.

14 A Good morning.

15 Q Can you please state your name for the record
16 and spell your last name for Whitney?

17 A Steven Eric Stockhauser, S-T-O-C-K-H-A-U-S-E-R.

18 Q Mr. Stockhauser, my name is Nick DiCello. We
19 just had a chance to meet off the record. Do you
20 understand you're here to have your deposition taken?

21 A Yes.

22 Q Have you ever been deposed before, sir?

23 A Yes.

24 Q How many times?

1 A Twice.

2 Q Can you tell me when was the last time you sat
3 for a deposition?

4 A It was in the mid nineties for an arson case,
5 which I was the person on the scene.

6 Q Was that in connection with some employment you
7 had?

8 A No.

9 Q And you said you were deposed one other time
10 before that?

11 A Yes.

12 Q Can you tell me a little bit about that one?

13 A It was a civil litigation against a company
14 that I used to work for.

15 Q What company was that?

16 A It was Soft Touch Car Wash, Incorporated. It
17 was back when I was in my twenties.

18 Q Okay.

19 A Thirty plus years ago.

20 Q All right. Well, just by way of introduction,
21 you understand that I'm an attorney, I represent the
22 family of Robert Richardson who passed away in the
23 Montgomery County Jail back in May of 2012. Do you
24 understand that?

1 A Yes.

2 Q And do you understand that you're here in
3 connection with a deposition that's being taken in a case
4 that was filed by Mr. Richardson's family against a number
5 of folks, including yourself. Do you understand that?

6 A Yes.

7 Q I want to go over just a few rules before we
8 really get into the substance of the questions, so we have
9 a good understanding. Okay?

10 A Yes, sir.

11 Q All of your answers need to be audible so that
12 Whitney can type down what you're saying; yes, no, or
13 words instead of shrugs or uh-huhs and huh-uhs, okay?

14 A Correct.

15 Q And you've done a nice job until now, but we're
16 going to have to only speak one at a time. Even though
17 you know what I'm going to ask you, you know the answer,
18 wait for me to finish asking the question, I'll wait for
19 you to finish the answer. We'll get a clean record that
20 way, okay?

21 A Yes.

22 Q You understand you're under oath today?

23 A Yes.

24 Q You understand that the oath you're under today

1 will be the same kind of oath that you will take when you
2 testify in front of a jury or judge at the trial of this
3 case? Do you understand that?

4 A Yes.

5 Q Is there any reason that you won't be able to
6 answer truthfully today?

7 A No.

8 Q I only want you to answer questions that you
9 understand. So if I ask a question, for whatever reason,
10 that is unclear to you or you don't understand it, I want
11 you to tell me that, okay?

12 A Yes, sir.

13 Q And given that arrangement we have, if you
14 answer a question that I've asked, I'm going to assume
15 that you understood it. Fair?

16 A Yes, sir.

17 Q And do you understand that I'll be relying on
18 your answers, the accuracy and truthfulness of your
19 answers in connection with this lawsuit?

20 A Yes, sir.

21 Q I can never predict how long these things take.
22 Sometimes they can last longer than they should. And
23 sometimes they're very quick. But if you want to take a
24 break for any reason at all, just let me know, we can do

1 that. I would ask that if a question is spending,
2 Mr. Stockhauser, that you answer the question first and
3 then say, "Nick, let's take a break," okay?

4 A Yes, sir.

5 Q Also, this is -- we're going to be asking you
6 questions about things that happened years ago. And it's
7 not uncommon in these things, as is human nature, that
8 your memory might get jogged about something later on
9 during the deposition. If that happens and you want to
10 revisit any answer you've given, change it, amend it, or
11 add to it, I want you to take the opportunity today to do
12 that, okay?

13 A Yes, sir.

14 Q Because this is my one and only chance to ask
15 you questions before trial.

16 A Correct.

17 Q Understood?

18 A Yes, sir.

19 Q Mr. Stockhauser, let me start off by handing
20 you a copy of the complaint in this case, okay?

21 A Yes, sir.

22 Q So you'll acknowledge right now that you are
23 now in receipt of the complaint?

24 A Yes, sir.

1 Q But this isn't the first time you've seen that
2 complaint, is it?

3 A No, sir.

4 Q You've seen it before today; correct?

5 A Yes, sir.

6 Q And you've had counsel representing you in
7 connection with the case that was filed against you for
8 many, many months now; true?

9 A Yes, sir.

10 Q And you understood and knew that you were named
11 in this lawsuit shortly after it was filed back in 2014;
12 correct?

13 A Correct.

14 Q And you have, through your employer, hired and
15 paid an attorney to defend you in connection with this
16 case; true?

17 MS. STARTS: Objection.

18 BY MR. DICELLO:

19 Q I should say sometimes Carrie will object. And
20 unless she tells you, "Steve, don't answer the question,"
21 you can just go ahead and answer.

22 So the question was: You understand that
23 through your employer you hired and have been paying an
24 attorney to represent you in connection with this lawsuit;

1 true?

2 MS. STARTS: Same objection.

3 You can answer.

4 THE WITNESS: Okay.

5 A Yes, my employer has hired my attorney.

6 BY MR. DICELLO:

7 Q Are you still currently employed by NaphCare?

8 A No, I am not.

9 Q When did you end your employment with NaphCare?

10 A October 31st in -- I know that date, but I
11 can't remember -- I can't recall the exact year.

12 Q Let me see if we can --

13 A I'm trying to backpedal myself here.

14 Q Yeah.

15 A It was either 2013 -- 2012 or 2013.

16 Q How did you become aware that a lawsuit was
17 filed against you?

18 A I personally Googled my name and that came up
19 on the internet with the lawsuit, what you presented to
20 me, and my name is listed on there is how I found out.

21 Q When did you have occasion to Google your name?

22 A I actually Google my name quite a bit.

23 Q Okay.

24 A Just to see if other records and -- people

1 might be using my name or something. Because I've had
2 identity theft before. So I Google my name at least once
3 or twice every six months --

4 Q Okay.

5 A -- just to see if anything -- anything is added
6 in --

7 Q So --

8 A -- that I'm not aware of.

9 Q Fair to say within six months, at the most, of
10 this lawsuit being filed, you became aware of it; true?

11 A Correct.

12 Q And you were able to actually access the
13 complaint itself online?

14 A Yes. It's listed online.

15 Q And did you read the complaint when you saw it
16 online within that six months from it being filed?

17 A Partial. And then I had family business that I
18 had to take care of and shut it down and --

19 Q As a result of reading that, did you contact
20 NaphCare about it?

21 A No, I did not.

22 Q Did anyone at NaphCare ever notify you that
23 this complaint had been filed against you at any time
24 before you discovered it when you Googled it?

1 A No.

2 Q Are you aware that someone at NaphCare signed
3 for service of this complaint on you?

4 A No.

5 Q Is that something that you would expect your
6 employer to do given your former employment with them?

7 A It has happened once before.

8 Q My specific -- Well, given that it's happened
9 before, is it your expectation that one of the things an
10 employer like NaphCare would or could do was accept
11 service of a lawsuit on your behalf because you were a
12 former employee?

13 MS. STARTS: Objection.

14 A As of a form --

15 MS. STARTS: Go ahead and answer.

16 A As a former employee, I know that I am supposed
17 to be served at home via certified mail and -- and a word
18 process server. And in the past, we've had subpoenas
19 signed by the secretaries for people that work there and
20 we never got -- we never -- the person that was
21 subpoenaing us for was never given the subpoenas and we've
22 actually missed court.

23 BY MR. DICELLO:

24 Q I appreciate that. My specific question is:

1 Based on your experience at NaphCare, you understand that
2 as your employer or former employer, something that
3 NaphCare has done and would and could do was accept
4 service of these kind of complaints on you?

5 MS. STARTS: Objection.

6 BY MR. DICELLO:

7 Q You understood that?

8 A I am aware that they've done that in past
9 practice.

10 Q Between the time that the lawsuit was filed --
11 and the original lawsuit was actually filed back in May of
12 2014 -- and the time that you Googled it and found the
13 complaint and read it, did you experience any kind of
14 inconvenience or prejudice as a result of that delay, from
15 the time it was filed until the time you discovered it on
16 Google?

17 A No.

18 Q And do you feel that you've been well
19 represented by your counsel in this case?

20 A Yes.

21 Q And do you feel that your lawyers have
22 represented your interests from the moment this case has
23 been filed up until today?

24 A Yes.

1 Q Mr. Stockhauser, I do want to ask a little bit
2 of background about you. It's not to pry into your
3 personal life, but it's to kind of get an idea of who you
4 are, what your professional credentials are, your work
5 experience, those kinds of things. So let me start into
6 those topics. Are you from the Southern Ohio area?

7 A Originally born in upstate New York and grown
8 -- I grew up and lived in Huber Heights.

9 Q Huber Heights?

10 A Yeah. In the Dayton, Ohio area. Yes.

11 Q What is your date of birth, sir?

12 A August 13, 1963.

13 Q And this case involves an interaction where
14 folks restrained Mr. Richardson; fair?

15 A That's correct.

16 Q And because there was a group of people
17 restraining another person, I've been asking everybody
18 what their height and weight was at the time. And that's
19 the reason I'm going to ask you the same thing.

20 A Okay.

21 Q What was your height and weight back in May of
22 2012?

23 A Five foot six, approximately 200.

24 Q Let me ask a little bit about your educational

1 background, if you don't mind. Did you attend college
2 after graduating high school?

3 A Yes.

4 Q Can you tell me about that?

5 A The college, the classes I took in college was
6 fire science, because I was a firefighter at the time.

7 Q Fire science?

8 A Yes.

9 Q Got it.

10 A Yes, fire science.

11 Q Okay.

12 A Didn't have anything to do with medical. My
13 medical was from a career technical center.

14 Q Let me ask about the undergraduate where you
15 studied fire science. Where?

16 A Sinclair.

17 Q Sinclair?

18 A Sinclair, Ohio State -- the State of Ohio Fire
19 Academy.

20 Q Did you graduate from a college?

21 A They were certificate classes.

22 Q So what did you do upon completing your studies
23 in fire science? Did you become a fireman?

24 A I was already a firefighter.

1 Q So how long did you work as a firefighter?

2 A Since 1978.

3 Q Still are a firefighter volunteer?

4 A I retired in 2005.

5 Q And what did you do in 2005 when you retired
6 from firefighting?

7 A After a year of being disabled, I was able to
8 get back into some gainful employment and -- including
9 getting in at NaphCare.

10 Q Are you currently on disability?

11 A I am collecting permanent partial disability.

12 Q Again, I know some of these questions are
13 personal. But what is the nature of your condition such
14 that you have been deemed to be permanently partially
15 disabled?

16 A I've got spinal issues where my back is out of
17 align. As you can see, my shakes that I've got, like
18 tremors, that is a neurological issue that I had prior to
19 me becoming a full-time employee in the fire service,
20 which was in 1984.

21 Q Can I interrupt you?

22 A Yes.

23 Q The neurological condition that you're
24 explaining, what is the name of that condition?

1 A Its technical name is Van Leeuwenhoek's
2 Syndrome.

3 Q Yep, okay.

4 A Or an easier term would be myoclonus of the
5 diaphragm.

6 Q And you've had that condition since the
7 mid-eighties?

8 A Since the mid-eighties.

9 Q Okay. I'm sorry. I interrupted you. I was
10 asking the nature of the conditions for which you're
11 receiving permanent partial disability. You've told me
12 spinal issues with your back out of align. When was the
13 onset of that?

14 A 1991 on a medical call.

15 Q And then you said this neurological condition
16 that you described, and the onset was in the early to
17 mid-eighties. Any other conditions that form the basis of
18 this permanent partial disability?

19 A I've got irritable bowel syndrome.

20 Q Okay.

21 A And that was due from stress, anxiety, and
22 other issues while in the fire service.

23 Q So these conditions that you've just described
24 for me, are these work-acquired conditions?

1 A The myoclonus is a work -- or was deemed from
2 when I was in an auto accident when I was under the age of
3 ten.

4 Q The other two were work related?

5 A But the -- the main onset of the myoclonus
6 wasn't until the mid-eighties, and the accident happened
7 in the early seventies. And the neurologist that I was
8 going to could not -- all the testing that he did on me
9 came up negative. So --

10 Q Okay.

11 A Basically, the -- all of the -- the myoclonus,
12 the back injury, and the IBS was all stress anxiety
13 related due -- and they claim that as -- or put that under
14 the work, because all of it started after 1984 when I
15 started in the fire service.

16 Q Okay.

17 A Because there was a lot of stress and other
18 issues with being in that position.

19 Q What about the position was stressful such that
20 it caused these conditions? Can you just give me a brief
21 description?

22 A Just overall -- It would be a management and
23 everyday work-type stress.

24 Q Are we talking about running into burning

1 buildings or is this more administrative stress?

2 A More administrative stress.

3 Q So is this permanent partial disability through
4 Ohio Workers' Compensation or is it through some public
5 employee --

6 A Ohio Police and Fire Retirement System.

7 Q Do you have an attorney who represents you in
8 connection with obtaining those benefits?

9 A No.

10 Q You did it all yourself?

11 A I have --

12 Q Or union rep?

13 A I had a union rep.

14 Q Okay, good. So when you say you retired from
15 the firefighter business in 2005, what was your position
16 at that point in time?

17 A I was a firefighter paramedic.

18 Q And who did you work for?

19 A Miami Township Montgomery County.

20 Q And was the reason for your retirement due to
21 these medical conditions?

22 A Yes.

23 Q So did you in addition to receiving permanent
24 partial disability, did you retire with some kind of

1 medical pension?

2 A Yes.

3 Q So in addition to the permanent partial
4 disability benefits, you are also receiving a state-funded
5 retirement pension according to your disability; true?

6 A Not state funded, retirement system funded.

7 Q Okay. All right. So how long did you stay
8 retired?

9 A I still am retired.

10 Q But you're working?

11 A Yes.

12 Q Right? I'm not -- I'm not asking for the
13 technical legal definitions, you know. I understand that
14 you're technically retired for purposes of the system.

15 But when did you go back to, like you said, some type of
16 gainful employment?

17 A Within a year and a half to two years after
18 retiring. I did not receive full benefits.

19 Q And were you careful to make sure that the work
20 you did get did not infringe on your ability to collect
21 these benefits?

22 A Correct.

23 Q So did that limit the kinds of jobs you could
24 look for?

1 A Yes.

2 Q So tell me how it is -- what kind of jobs did
3 you have within a year and a half to two years after
4 retiring in 2005?

5 A Well, within a year and a half to two years, I
6 basically did just odd jobs around that would not hamper
7 anything.

8 Q Okay.

9 A Basically, just -- the biggest thing I can say
10 is just odd jobs.

11 Q Okay.

12 A It wasn't -- It wasn't anything earth
13 shattering or --

14 Q No career?

15 A No career-minded stuff. It was just little
16 things here and there.

17 Q So when did you get back into a more
18 institutional job?

19 A 2012.

20 Q Tell me about that.

21 A Well, wait a minute. It was 2007.

22 Q Okay.

23 A I worked as -- I did a couple months working
24 for a private ambulance.

1 Q Private ambulance?

2 A Private ambulance.

3 Q A couple of months?

4 A A couple of months.

5 Q And why was it only a couple months long?

6 A The manager pretty much didn't like me because
7 I wasn't a country boy, because their location was out in
8 the middle of nowhere.

9 Q That's a good reason to keep it to a few
10 months.

11 A Yeah.

12 Q So what did you do after a few months where you
13 and the manager didn't see eye to eye?

14 A Then I became employed at -- with Sterling
15 Medical, which is a contractor, doing medical service, and
16 I was an EKG telemetry technician at Wright Patterson Air
17 Force Base.

18 Q How long did you have the job as the telemetry
19 tech for Sterling Medical who was contracted out at the
20 Air Force base?

21 A About 13 months.

22 Q And what happened after that 13-month stint?

23 A Contract ran out.

24 Q Another good reason. Okay. So this brings us

1 up to early 2009?

2 A Well, during the -- in 2007, while I was
3 working with Sterling Medical, I also became part-time
4 working at -- for NaphCare.

5 Q So do you remember the month that you started
6 in 2007?

7 A July.

8 Q And what position -- tell me how you came about
9 obtaining a job at NaphCare.

10 A I was -- How did I do that?

11 Q Take your time.

12 A I can't recall the exact circumstances how I
13 found out about the job. But I notified and sent my
14 resume to the secretary, and she forwarded everything to
15 James See, which was the healthcare administrator at the
16 time, and within a couple days he called me.

17 Q Which job were you applying for?

18 A EMT.

19 Q Part-time?

20 A Part-time.

21 Q How long had you been an EMT?

22 A Since 1984.

23 Q And you have maintained a continuous license as
24 an EMT since that time?

1 A Yes.

2 Q What board is it that licenses EMTs in the
3 state; do you know?

4 A State Board of Education and State Department
5 of Commerce.

6 Q Okay.

7 A It's kind of gone between the two.

8 Q I'm sure that makes it easy.

9 So did you get the job?

10 A Yes.

11 Q And you were hired in July of 2007?

12 A Yes.

13 Q Tell me, did you understand that you were
14 applying for a position at the jail?

15 A Yes.

16 Q Prior to July of 2007, had you ever worked in a
17 jail setting?

18 A No.

19 Q And what would have been your age back in July
20 of 2007?

21 A 42, 43.

22 Q Did you decide to pursue the NaphCare position
23 because you were interested in employment in the
24 correctional field, or did you pursue it because it was a

1 job that met your parameters?

2 A I took the job because I enjoy helping people
3 that are in need. And it wasn't anything in reference to
4 correctional stuff, it was a job that I can assist people
5 that need helping.

6 Q So you said you were part-time in 2007. What
7 was your work schedule like?

8 A Two days a month to start off with, and then it
9 grew from there, more days when people were calling off,
10 and I was able to -- and I wasn't working at the Wright
11 Patterson.

12 Q So did it ever evolve into a full-time job?

13 A Yes, it did.

14 Q At what point in time did you become full-time?

15 A I was full-time --

16 Q If I had your personnel file, I could go
17 through this faster.

18 A Yeah.

19 Q Carrie won't give it to me.

20 A It was approximately 2009.

21 Q And the position remained EMT?

22 A Correct.

23 Q Tell me what your understanding was of your
24 role as an EMT at the Montgomery County Jail working for

1 NaphCare.

2 A My role at the time -- at the time when I got
3 -- when I first began, was to screen the inmates for
4 medical issues and psychological issues, enter the data
5 entry into the system, respond to emergency calls, and to
6 assist the nursing staff when needed.

7 Q Who did you report to?

8 A It depended on -- It depended on the shift.

9 Q Tell me about that.

10 A Are you asking who did I report to as in
11 medical or as to the correctional?

12 Q You tell me. Who did you report to in medical?
13 And then you can tell me on the corrections side.

14 A Okay. The medical, my immediate supervisors
15 were RNs, which they were -- which they left before I did.
16 And then it was James See, the health services
17 administrator, Katrina Carlisle, she took over after he
18 left, and then Anthony Johnson -- or Anthony Jones. Sorry
19 about that. But Dr. Ellis was the main over all medical.

20 Q And then on the corrections side?

21 A Correction sides? Whoever the sergeant was on
22 duty, which would be considered the booking sergeant, in
23 which they rotated all the time. There were multiple.

24 Q Okay.

1 A And then above them was Captain Crosby. And
2 then above that was Major Wilson. And then Sheriff
3 Plummer.

4 Q Did you work a particular shift throughout the
5 time you had full-time employment at NaphCare, or did that
6 vary?

7 A It varied in the original, and then I -- when I
8 became full-time, I worked the three to eleven shift.

9 Q Three p.m. to eleven p.m.?

10 A Correct.

11 Q How many days a week were you working?

12 A Five days a week.

13 Q Monday through Friday, or would you sometimes
14 work on the weekends?

15 A I'd work on the weekends, also.

16 Q I think this incident we've figured out it was
17 a Saturday, May 19th, 2012. Does that jive with your
18 recollection?

19 A Pretty close, yes.

20 Q All right. When did you -- Let me ask you
21 this. You've told me that you had to retire from your
22 administrative position for the township because of the
23 stress of the job; correct?

24 A Yes.

1 Q Was working in a jail setting providing
2 emergency medical care to inmates a less stressful job
3 than the administrative position you had at the firehouse?

4 A Well, it wasn't an administrative job at the
5 firehouse. I was actually a firefighter paramedic. I was
6 actually in the field. Administrative at the fire
7 department is sitting in the office doing -- doing, you
8 know, office work.

9 Q Paperwork and stuff. I thought you told me it
10 was the administrative portion of the job that caused the
11 stress that led to your --

12 A Well, it was the administration coming down on
13 me. I mean, they pick and choose who they would go after.
14 And there was just -- I mean, they -- they rotate through
15 people.

16 Q A lot of turnover there?

17 A Not a whole lot on the full-time staff. But on
18 the part -- on the volunteer and the part-time staff,
19 there was.

20 Q Were you part-time at Miami?

21 A I started out as part-time.

22 Q I have that right, Miami?

23 A Miami Township, yes.

24 Q So when you say they went after people, do you

1 think the administration went after you?

2 A They attempted to several times, and it didn't
3 work.

4 Q What were they going after you for?

5 A They just -- It would just be a -- I think it
6 would -- somebody not liking something you said or done,
7 and then you -- like we used to say, put a target on your
8 back, and then they kind of go after you.

9 Q Okay.

10 A And try to -- try to force you to do something
11 to go against the rules.

12 Q Any disciplinary problems while you were there
13 at Miami?

14 MS. STARTS: Objection.

15 You can answer.

16 A I had one that went through a grievance
17 procedure. And that was taken care of through the
18 grievance procedure.

19 BY MR. DICELLO:

20 Q Was your grievance upheld or was your grievance
21 denied?

22 A My grievance was denied, but the attorney that
23 I had at the time, he appealed it and -- he appealed the
24 grievance. But due to the way that our contract stated,

1 it was un--

2 Q You couldn't appeal it?

3 A It couldn't be appealed.

4 Q What did that involve?

5 MS. STARTS: Objection.

6 A It was -- It was a medical run that we had at
7 three o'clock in the morning, and officers asked us to
8 stay on the scene like a half an hour, 45 minutes. And I
9 had to go to the bathroom. So I went behind a barn, went
10 to the bathroom, came back. No further medical treatment
11 or anything. And I ended up getting suspended for it.

12 BY MR. DICELLO:

13 Q When did you leave the employment of NaphCare?

14 A That was already stated. October 31st of 2012
15 or -- 2012? 2013.

16 Q Do you remember, was it the same year that
17 Mr. Richardson died, or was it the year after? Does that
18 help?

19 A It was pretty much the same year.

20 Q So that would have been in October of 2012?

21 A Correct.

22 Q Why did you leave NaphCare?

23 MS. STARTS: Objection.

24 A I had a personality conflict with some of the

1 corrections.

2 BY MR. DICELLO:

3 Q Tell me about that.

4 MS. STARTS: I'm going to continue to object.

5 MR. PREGON: I'll object, too.

6 MR. DICELLO: Basis?

7 MR. PREGON: Relevance.

8 MS. STARTS: Yeah.

9 MR. DICELLO: Those objections are preserved.

10 You don't have to assert them.

11 BY MR. DICELLO:

12 Q Go ahead.

13 MS. STARTS: You can answer.

14 A They -- The corrections side did not like my --
15 the length of time that I was booking or that I was
16 screening female inmates. Female inmates always took
17 longer than the males. I could do a male inmate screening
18 in less than five minutes. And females, sometimes it took
19 up to 30.

20 BY MR. DICELLO:

21 Q Why is that?

22 A Because the ones that were coming in doing
23 heroin and other drugs, we had to do a urine test on them
24 to see if they were pregnant. And if they were pregnant,

1 we would have to -- and we would be standing by the female
2 door waiting for them to finish urinating. Sometimes they
3 would take a very, very, very long time. And then we
4 would take them back, back to our office, escort them back
5 to the office, do the test in front of them. And they
6 said that I was taking way too long -- too long a time to
7 screen the females compared to the males.

8 Q Who told you that?

9 A Corrections.

10 Q Who in corrections?

11 A It went from different officers to sergeants to
12 Captain Crosby to my -- went all the way to Katrina
13 Carlisle, the HSA, and --

14 Q Okay.

15 A That kept going on even though I shaved a lot
16 of questioning and stuff like that down.

17 Q When did this issue really become a problem?

18 A When Katrina Carlisle became HSA.

19 Q Okay.

20 A It wasn't -- It wasn't a problem when James See
21 was involved, was there.

22 Q So in response to this, I think you described
23 it as a personality conflict, you said you started shaving
24 some of the questions down on the female intake screens?

1 A Correct, so I could --

2 Q Let me just ask. Did you feel that was in the
3 best interest of the patients, or not?

4 A The questions I was shaving down, instead of
5 being in depth, I went a little bit on the more broader
6 scheme. But it was still covering the questions that I
7 was supposed to ask.

8 Q Any other personality conflict issues other
9 than corrections telling you that you're taking too long
10 to do intake screening on women detainees?

11 A No.

12 Q So this issue ultimately resulted in you
13 leaving the employment of NaphCare?

14 A Yeah. That and budget cuts.

15 Q Were you terminated?

16 A Yes.

17 Q By who?

18 A Anthony -- Anthony Jones, which was HSA at the
19 time.

20 Q And what did Mr. Jones tell you was the reason
21 for your termination?

22 A It was a -- in reference to the screenings, and
23 also I had an inmate that was -- that became injured in
24 his cell, a female inmate, and she was unclothed due to

1 being in a suicide gown, and she fell, struck her head.

2 Two female corrections officers went into the cell, and I
3 went in, checked the inmate out for head injuries, because
4 she fell onto her head on a cement ledge.

5 Q She's a patient; right?

6 A Patient slash inmate.

7 Q You're supposed to refer to them as patients;
8 true?

9 A Correct.

10 Q Is that what you refer --

11 A That's how I've learned. I always called -- if
12 it's a medical issue, to me they're a patient.

13 Q So go ahead. I interrupted you. You were
14 telling me about this patient of yours.

15 A She was in a suicide gown, standing up on the
16 wall, which is barrier between the toilet and the open
17 cell, and she fell down, striking the back of her head on
18 the -- on the cement ledge. And two female correction
19 officers went in. I went in afterwards because I was
20 called on emergency over there, and I checked her out,
21 couldn't find anything wrong with her. There wasn't
22 anything -- any big issues going on with her, no bleeding
23 or anything. Two female nurses showed up. As soon as
24 they showed up, I exited. And they said that I was in

1 there too long.

2 Q With an unclothed female patient?

3 A But there was other inmate -- there was other
4 corrections -- there were two female corrections officers
5 present in the room. And the only thing that I did was
6 checked her head for any bleeding or anything. And then
7 the nurses showed up and I exited.

8 Q And what did Mr. Jones tell you was problematic
9 about that encounter with that female patient?

10 A They said that was -- that I spent too much
11 time in there and that the corrections officers told me to
12 leave.

13 Q Did they?

14 A No.

15 Q Did the corrections officers ever tell you to
16 leave?

17 A The ones that were in there did not. The ones
18 that were standing outside the door did not. I cannot
19 leave a patient -- By law, I cannot leave a patient to a
20 lower medical certified person, which I'm the lowest
21 medical certified person that was there. I can only turn
22 them over to a higher medical certified person, because
23 that would construe abandonment. Even if I was just
24 standing in the doorway, I would be outside the cell, but

1 if I'm in direct -- within contact, I'm still, per se,
2 treating the patient.

3 Q So that rule that you just explained for me
4 about abandonment would also have applied on May 19th,
5 2012 for Mr. Richardson; correct?

6 A There was no abandonment. That would have
7 applied.

8 Q I'm just saying the rule.

9 A Right.

10 Q That's the same rule for Mr. Richardson?

11 A Right.

12 Q So when you met with Mr. Jones, he still said
13 your screenings of female inmates are taking too long, he
14 said you should have left that cell with that naked
15 injured female inmate sooner and you didn't. Any other
16 reasons he told you you were being terminated?

17 MS. STARTS: Objection.

18 A Other than -- That's -- That's it.

19 BY MR. DICELLO:

20 Q Because earlier you told me something about
21 budget cuts.

22 A They had some budget cuts and then they had a
23 -- they had another medic that just had twins, his wife
24 just had twins, and he needed medical insurance. And

1 since I was one of the senior people making more money
2 than everybody else -- and they were also going through
3 budget cuts, they were cutting back on nursing -- they
4 decided to cut me and put him in my place.

5 Q So as of October or the time leading up to
6 October 2012, your understanding is that NaphCare was in
7 the process of downsizing the medical people in the jail?

8 A Yes. They were -- They were lowering the
9 amount of people that were in there and they were going
10 after -- they -- they were -- they were lowering the
11 amount of people that were in there, the senior people,
12 due to the amount of financial issues that I understood.
13 I tried to stay out of the -- stay out of the business
14 part of the --

15 Q Sure.

16 A Because it was -- it was -- for the most part,
17 it was none of my business.

18 Q Did you agree with the downsizing? Did you
19 think that was what was safest for the patients?

20 A I did not -- My position was not affected.
21 Like I said, I tried to stay out of the administrative
22 section of it because whatever happened in administrative
23 didn't -- down the road it would affect me, but the
24 mainstay with my position, I was -- I was the low man on

1 the totem pole in reference to the ranking of the medical
2 personnel that were there.

3 Q Well, let me ask you this: Were you replaced?

4 A Yes, by the gentleman that had -- had the base
5 wage, the gentleman that had the twins.

6 Q Was he already employed there?

7 A Yeah, he was already employed. He was
8 part-time.

9 Q So they went from having you full-time and one
10 part-time medic to just having one full-time medic in
11 terms of your position?

12 A To mine, we -- he was part-time, he would be a
13 fill-in on my days off.

14 Q Okay.

15 A And he would pick up other people's days off
16 shifts to try to get -- try to get more money so he could
17 pay for his child and his wife. And when it came time for
18 -- or when everything started happening, they backfilled
19 my position with him.

20 Q Do you know if you have a personnel file over
21 at NaphCare?

22 A Every employer has personnel files.

23 Q Have you ever seen your personnel file?

24 A I have seen it real briefly, but nothing --

1 Q Is there education logs in your personnel file?

2 A Just copies of my certifications.

3 Q Do you know if there's such a thing as an
4 education log in your personnel file?

5 A They do have a -- We do a personal -- We did an
6 online education thing that was required for everybody
7 from EMTs all the way up to the doctor to do online
8 through NaphCare. And the logs would be -- I know that
9 there was a paper that was sent or an e-mail sent to
10 whoever the HSA was to say, hey, this person hasn't done
11 his monthly training.

12 Q Have you ever heard of a form called an
13 Emergency Response Critique Form? Have you ever seen one
14 of those?

15 A The critique form as in for corrections?

16 Q No, this is something that's in NaphCare's
17 policies and procedures that talks about an Emergency
18 Response Critique Form that's filled out after every
19 emergency. Are you familiar with that?

20 A After every emergency, yes.

21 Q Have you ever seen the Emergency Response
22 Critique Form for Robert Richardson's death?

23 A Yes.

24 Q What does it say?

1 A It said about the 75 percent occlusion of the
2 left anterior descending artery of his heart, and
3 including with his high blood pressure.

4 Q How does that critique the emergency response,
5 noting that information?

6 A That --

7 Q The reason I'm asking you is I've never seen
8 this form. I'm just asking you. You told me one exists.
9 I'm interested in what information on that form actually
10 critiques the response.

11 A When it comes to -- Honestly, when it comes to
12 the critiquing, it really doesn't -- any critiques that
13 comes out that I know of usually comes through -- not from
14 the NaphCare section, but it comes through the Sheriff's
15 Department section.

16 Q Okay. Did you undergo annual performance
17 reviews?

18 A I had -- In the six years that I was there, I
19 had two reviews.

20 Q Do you remember when they were?

21 A To be honest with you, no.

22 Q Was there some paperwork associated with those
23 performance reviews that you had to sign?

24 A Yes.

1 Q Do you think those are in your personnel file?

2 A Yes.

3 Q And would you be evaluated based on your
4 performance in delivering medical care to people housed in
5 the jail?

6 A Yes.

7 Q And you understand that's what this case is
8 about?

9 A Yes.

10 Q Do you think that those performance reviews
11 should be provided to me so I can review them and ask you
12 questions about them?

13 MR. HOJNOSKI: Objection.

14 MS. STARTS: Objection.

15 MR. DICELLO: Let's just have one attorney
16 object. Who is going to defend the deposition?

17 MS. STARTS: I'm defending it, Nick. Let's go.

18 MR. HOJNOSKI: I'm an attorney of record. I'm
19 going to voice objections if I want to.

20 MR. DICELLO: I really -- I'm not trying to be
21 difficult. I really don't think that any judge is going
22 to allow two attorneys for the same party to defend the
23 deposition.

24 MS. STARTS: But he can be an attorney for

1 NaphCare and I'm here for him.

2 MR. DICELLO: So let's state it here, then.

3 Who is here for who? Let me know.

4 MR. HOJNOSKI: We're not trying to duplicate
5 objections. But if I happen to raise an objection and
6 she's not going to, I'm going to raise it. But it's not
7 an issue so far, and I don't anticipate it being an issue.

8 MR. DICELLO: I'm going to deal with you and
9 your objections, I guess --

10 MS. STARTS: That's fine.

11 MR. DICELLO: -- as the lawyer that is
12 representing the Defendant here.

13 MS. STARTS: That's fine.

14 BY MR. DICELLO:

15 Q Do you think I should have access to that
16 paperwork to ask you questions about it?

17 A That would be up to my attorney and NaphCare.

18 Q Did you get the chance to review that paperwork
19 before your deposition?

20 A My personnel file?

21 Q Yeah.

22 A No.

23 Q Did you review any of your performance reviews
24 before your deposition?

1 A No.

2 Q What did you review to prepare for today's
3 deposition?

4 A I read the complaint via online, I read
5 statements, and medical screens.

6 Q Did you watch the video?

7 A Yes, I did.

8 Q Did you review any policies or procedures?

9 A No, I did not.

10 Q Have you ever reviewed any of NaphCare's
11 policies or procedures?

12 A Yes.

13 Q When did you review those?

14 A The NaphCare policies and procedures are part
15 of the initial training. And then whenever anything
16 during the time of my employment would come up where items
17 had been changed, we would have to read them and -- and
18 write on a separate piece of paper that was on our
19 bulletin board that we did read and understood the new
20 policies.

21 Q So each time a policy would come out, you had
22 to read it and sign something saying you read it?

23 A Correct.

24 Q And do you know whether or not those documents

1 ended up in your personnel file?

2 A That would be -- That would be in to corporate.

3 That went in to -- because they had everybody's signatures

4 on there, all the staff --

5 Q Okay.

6 A -- on the piece of paper that would be sent.

7 That would all be administrative stuff that I have no --

8 no --

9 Q So, Mr. Stockhauser, once you were terminated
10 from NaphCare, what did you do for work?

11 A I went to school, became an electrocardiogram
12 tech, EKG tech, worked at -- over at Community Westview
13 Hospital in Indianapolis for eight months, and then I came
14 back here, worked for First Care Ambulance as an EMT.

15 Q Why did you leave the hospital in Indy?

16 A Running two houses, income-to-debt ratio
17 completely changed, and -- I mean, it -- my income-to-debt
18 ratio completely went --

19 Q Enough said.

20 A Big time change.

21 Q So you came back and --

22 A I couldn't afford to live in two places at one
23 time.

24 Q All right.

1 A So I moved back, began employment with First
2 Care Ambulance out of Woodlawn.

3 Q As an EMT?

4 A As an EMT.

5 Q Riding in the ambulance?

6 A Riding, driving, patient care.

7 Q Okay.

8 A Everything.

9 Q How long did you have that position?

10 A Did that for 11 months.

11 Q Why did you leave there?

12 A And left there due to, well, an issue -- I left
13 there on my own basis due to the amount of pay. I was
14 getting paid one to three dollars an hour less than people
15 they were just hiring with less experience. They wouldn't
16 even talk to me about it. So I dropped down to an
17 as-needed basis to help them with events and occasional
18 road shifts. Got another job working for, which I'm
19 currently employed, with is Med Trans, Incorporated.

20 Q What's that?

21 A It's another private ambulance service --

22 Q Okay.

23 A -- based out of Springfield and Dayton. I make
24 more on the hour, plus I'm also cross-trained to drive the

1 large NICU units and do hospice transport.

2 Q Your performance reviews, the two that you said
3 you had during your time at NaphCare, were those positive
4 or negative performance reviews?

5 A They were mixed. The first one was with James
6 See, and they were all positives.

7 Q Okay.

8 A The second one was by Karina Carlisle, and that
9 had some negativity into it in which I -- on her side, on
10 that one that she put on there, or that was on the
11 negative side. I put rebuttals on the review.

12 Q Did this address this issue with the screening
13 of the female inmates --

14 A Yes, it did.

15 Q -- or were there additional negative reviews?

16 A No.

17 Q That last review you had by the second health
18 services administrator Carlisle, was that performed before
19 or after Robert Richardson died?

20 A Prior.

21 Q Prior to becoming employed at NaphCare, had you
22 ever received any training or education on the condition
23 of positional asphyxia?

24 A Yes.

1 Q Can you tell me what kind of training you had
2 and what your understanding was of that medical condition?

3 A In-service training when I was with -- when I
4 was in -- as a paramedic in the fire department was people
5 that were facedown for an extended period of time with no
6 oxygen would possibly be asphyxiated due to not being able
7 to have adequate air and oxygen, being able to go -- there
8 used to be a thing a long time ago of using a Reeves
9 stretcher, which is a flexible backboard-type deal, where
10 you can contain somebody, people would be facedown, and
11 they used to have -- have -- be placed in a police car,
12 back of ambulances, the whole nine yards, facedown.
13 That's when the positional asphyxia came into play.

14 Q When did this get on your radar screen in your
15 career?

16 A That came on my screen in the early nineties.
17 And the state came out with no more -- The state EMS
18 boards came out with no more facedown on a Reeves
19 stretcher due to that circumstance.

20 Q When did the state EMS boards announce that ban
21 against prone restraint?

22 A Like I said, it was in the early nineties.

23 Q When you got to NaphCare, did you receive any
24 in-service training regarding the risks of positional

1 asphyxia?

2 A No.

3 Q To your knowledge, does NaphCare have any
4 policies or procedures that you were trained on or aware
5 of that dealt with the risks of positional asphyxia?

6 A Yes, basically that they're not supposed to be
7 facedown and where they can't breathe. They always --
8 They always have to be on the faceup side or be in a
9 position where they can breathe.

10 Q I'm going to ask you some rules from your
11 standpoint as a medic, as an EMT, who is treating a
12 patient. Do you agree that restraints, handcuffs, must
13 never be applied in ways that can restrict a patient's
14 breathing?

15 A Yes.

16 Q In your answer, when I asked you about
17 positional asphyxia, you said somebody who is facedown for
18 an extended period of time. I should have followed up.
19 What do you mean, Steve, when you say "extended period of
20 time"? How do you quantify that?

21 A Extended period of time would be, for in the
22 medical use, if somebody became combative in the back of
23 our ambulance, we could turn them over, get them
24 restrained in a fashion not to -- get -- you know, just to

1 get -- just enough to gain control of that patient. And
2 in the correctional settings -- I'm sorry, I lost my train
3 of thought.

4 Q That's fine. It happens. My question was
5 following up, you said positional asphyxia can occur when
6 somebody is in a prone position for an extended period of
7 time.

8 A Okay.

9 Q And I'm trying to follow up on what your
10 concept is of "extended period of time." What does that
11 mean?

12 MS. STARTS: Objection.

13 You can answer.

14 A Okay. To me, it would be longer than it takes
15 to control that patient.

16 BY MR. DICELLO:

17 Q So as a general rule, once somebody is
18 restrained and brought under control in a prone position,
19 as a general rule you have to get them off their belly;
20 right?

21 A Correct.

22 Q Because if you don't, the risk of positional
23 asphyxia and death goes up; true?

24 A Correct.

1 Q Placing members of the community who are in
2 handcuffs in a prone position is never an acceptable
3 practice, is it?

4 A If they are still violent and could be a harm
5 to themselves or others, being in a prone position,
6 depending on how they would be transported or otherwise
7 cared for, it's kind of a judgment call. Correctional
8 employees, they a lot of times will transport people on
9 their bellies because they're kicking -- trying to kick
10 out the windows and stuff or, just as an example, or --
11 but in the medical, if we -- if we do any restraints, it's
12 -- they would always be on their backs, and we put like an
13 oxygen mask or a paper mask over top so they can breathe.

14 Q Have you ever seen any of the jail policies and
15 procedures on restraint?

16 A Yes, we all -- we -- every time a policy and
17 procedure came out --

18 Q I'm talking about corrections, the GO.

19 A Yeah. When the jail would come out with
20 policies and procedures, we would all have to, even the
21 medical staff, would have to read the jail policies and
22 procedures and sign off on them.

23 Q Are you aware that the restraint policy at the
24 Montgomery County Jail indicates that prone restraint is

1 never an acceptable practice and is prohibited? Do you
2 remember reading that?

3 A Yes.

4 Q But based on your observations of the customs
5 and practices in the jail, members of the community are
6 placed in prone restraint routinely; true?

7 MR. PREGON: Objection.

8 MS. STARTS: You can answer.

9 A I have seen, prior to them becoming patients,
10 be in prone positions so they can be put into handcuffs
11 multiple times due to them fighting with the corrections
12 and -- and/or fighting with other inmates so they can get
13 control of them. And once they get control of them and
14 separate them out, then they're up walking, and then
15 that's when I would get called. If they were injured or
16 cut for any reason, say like if a handcuff would cause a
17 small abrasion or something, they would ask me to come and
18 check out the inmate if the inmate would let me come in
19 and check them.

20 BY MR. DICELLO:

21 Q So your understanding of the rule at the jail
22 is you can cuff somebody up in a prone position, but then
23 as soon as possible you need to get that person up off
24 their belly?

1 A Correct.

2 Q And the purpose of that rule is to avoid the
3 risk of somebody dying from positional asphyxia; correct?

4 MS. STARTS: Objection.

5 MR. PREGON: Objection.

6 A That is not the reason for the rule.

7 BY MR. DICELLO:

8 Q Then what is?

9 A The reason for them to put them on their face
10 to go facedown, chest down, would be for them to secure
11 them to make it safe.

12 Q My question is: What's the reason for the rule
13 that once you get them restrained and you cuff them up you
14 get them off their belly? The purpose for that rule is to
15 avoid the risk of positional asphyxia; correct?

16 MR. PREGON: Objection; foundation.

17 MS. STARTS: Objection.

18 BY MR. DICELLO:

19 Q Go ahead.

20 A As I was saying, the -- have them on their
21 belly, cuffing them, then they would get them up, that
22 prevents them from -- that controls -- it gives us the
23 scene safe -- it gets everybody involved the scene safety
24 and also prevents further injury or harm to the inmate,

1 patient, anybody that might be around, and until they are
2 in a secure area where they are uncuffed.

3 Q Is that an important rule, to get them off
4 their belly?

5 MR. PREGON: Objection.

6 A To me, it would be an important rule to get
7 them off their stomach.

8 BY MR. DICELLO:

9 Q And why is it important to get them off their
10 stomach?

11 A So, A, they can be -- so they can breathe, and
12 B, so the medical staff can further assess the problem if
13 they're having a medical issue.

14 Q Do you agree from a medical standpoint that
15 people in our community should never be restrained in ways
16 that pose an unnecessary risk of death?

17 A In the community? Of course.

18 Q And people that are in the jail are members of
19 our community; true?

20 A Well, they're members of the community. Not to
21 sound biased or anything, but they're in there because
22 something went wrong with whatever happened, and some
23 people's actions, not all, but some people's, where they
24 go, they are very violent or become violent when it comes

1 to any corrections. They don't want to be in jail. And
2 they start fighting. And then things have to escalate for
3 them to be placed -- for the correctional side or the --
4 the law enforcement side to put them on their face or put
5 them on their abdomen to be able to secure them to make it
6 safe. Because the big thing that is going on is scene
7 safety. And the corrections and the law enforcement,
8 they're the guys who do the scene safety.

9 Q The only reason I followed up on that is when I
10 asked you that people in the community shouldn't be
11 restrained in ways that pose an unnecessary risk of death,
12 you said, well, yeah, sure, for people in the community.
13 Let me focus my question. For people in our community who
14 are detained at the Montgomery County Jail, they should
15 never be put in restraint in a way that poses an
16 unnecessary risk of death; true?

17 A True.

18 Q Okay.

19 A To further my answer on that, I'll say
20 law-abiding citizens.

21 Q Well, all the corrections officers that I've
22 deposed so far have told me that Robert Richardson broke
23 no law on May 19th, 2012. You're not in a position to
24 challenge that; true?

1 A I personally, the only thing that I've heard
2 was he was in there for child support issues. Other than
3 that, when it came to prisoners, inmates, visitors --

4 Q Well, he's not a prisoner; right? I mean, he's
5 not in prison?

6 A He was an inmate. But we would get prisoners
7 that would come in there.

8 Q Yep.

9 A I personally didn't care what their charges
10 were.

11 Q Okay.

12 A Because that's not my position to judge or
13 anything to these people. I'm there for their medical
14 health.

15 Q I want to make sure I'm understanding you here,
16 okay? First you told me that people in the community
17 should never be restrained in a way that poses an
18 unnecessary risk of death. Then I said, well, people from
19 our community who wind up detained at the jail shouldn't
20 be restrained in a way that poses an unnecessary risk of
21 death, and then you said true, but then you added to your
22 answer law-abiding citizens should never be put in a
23 position that creates an unnecessary risk of death.

24 A Right.

1 Q Is it your testimony that some people can be
2 put in positions that put them at risk of an unnecessary
3 risk of death?

4 A I have -- I have actually been on training
5 throughout my career, been in trainings where people have
6 been -- well, you know, during the training exercises,
7 they would start fighting and they would go into how to be
8 restrained, and then they would get them on their backs
9 and restrain them further, you know, with soft restraints
10 or straps or tape or whatever was there. That was
11 trainings during the fire department and through my fire
12 department days.

13 Q Well, that's not prone restraint, rolling them
14 on their back; right?

15 A Well, they start off on their stomachs, and
16 they put their hands behind their backs, and then they
17 roll them over.

18 Q Right. Let's just try it directly. People who
19 are detained at the Montgomery County Jail should never be
20 restrained in ways that put them at an unnecessary risk of
21 death; correct?

22 A Correct.

23 MS. STARTS: Objection.

24 BY MR. DICELLO:

1 Q One of the jobs of a medic is to protect the
2 safety of the patient; correct?

3 A Correct.

4 Q One of the jobs of a medic or medical personnel
5 at the jail is to make sure that detainees are not
6 restrained in ways that put them at an unnecessary risk of
7 death; correct?

8 A Correct.

9 Q One of the jobs of the medical staff at the
10 jail that work for NaphCare is to make sure that when
11 faced with two or more ways to restrain a detainee, the
12 patient is restrained in the safer way; correct?

13 A Correct.

14 Q And that was all true and that was part of you
15 and the other medical people's jobs on May 19th, 2012, to
16 protect Mr. Richardson's safety; true?

17 A True. But in the scene safety part, which is
18 number one for medical staff, our safety comes first.
19 Because if we can't help the patient, the patient -- or if
20 we can't help the patient, it does no good, it doesn't do
21 us any good, doesn't do them any good. Plus -- I'm sorry,
22 I lost my train of thought again.

23 Q It's Okay. I'll ask you another question.

24 Was rolling Mr. Richardson on his back unsafe

1 for you?

2 A On his back? Well, during the time that he was
3 being double cuffed, we as the medical people told
4 corrections to cuff them in the front so we could better
5 assess them. And they denied. So it was one of the
6 sergeants denied.

7 Q Why were you telling -- First of all, I need to
8 break that down, Steve. Do you mind if I call you Steve?

9 A That's fine.

10 Q Feel free to call me Nick.

11 When you say "we told corrections," who told
12 corrections to cuff Mr. Richardson in the front?

13 A I did, and one of the other nurses did. I was
14 too busy trying to place oxygen on him.

15 Q Who did you tell? What corrections officers
16 did you tell to cuff Mr. Richardson in the front as
17 opposed to rear cuffing?

18 A It was Sergeant Lewis was the -- was the main
19 one that overrode us.

20 Q Among the reasons you wanted Mr. Richardson
21 cuffed in the front was, one, it allowed you to better
22 medically assess him; correct?

23 A Correct.

24 Q Two, you would have been able to take him out

1 of the prone position; correct?

2 A Correct.

3 Q And three, was for the patient's safety; true?

4 A Correct.

5 Q So in terms of the available restraint
6 positions on May 19th, 2012, from a medical standpoint,
7 what was safest for the patient was for the patient to be
8 cuffed in the front and on the patient's back; correct?

9 A Correct.

10 Q And you requested that corrections put
11 Mr. Richardson in that position; true?

12 A Correct.

13 Q And corrections overrode your medical
14 recommendation; true?

15 A Correct.

16 Q What did Sergeant Lewis tell you when you made
17 this medical recommendation on behalf of the patient?

18 A I can't recall verbatim due to everything that
19 was -- that went on at the time. But it was something in
20 reference to we have to put -- we have to cuff them in the
21 back.

22 Q What was your -- Let me back up. I presume you
23 made that request because you had made that request in the
24 past; true?

1 A No, that was the first time that I ever made
2 that request.

3 Q Was part of your reasoning for making that
4 request to avoid the risks of positional asphyxia?

5 A No. It was -- The position that I was asking
6 them or requesting them to do is so that I could further
7 assess the patient to make sure that his airway was clear,
8 find out where the blood and the sputum was coming from.

9 Q Okay.

10 A Provide oxygen, check vitals, and any other
11 medical issues that we might have found on him. And being
12 in a prone position with his hands behind his back, it
13 made it impossible to do a thorough exam, even with him
14 fighting. If he was in the front, sitting, you know,
15 faceup, we would have been able to do a lot more than what
16 we did.

17 Q What about if he was in a restraint chair?
18 Would you have been able to do a better assessment?

19 A We would have been able to do a better
20 assessment on him.

21 Q Did you ever request Mr. Richardson be placed
22 in a restraint chair?

23 A I personally did not.

24 Q Did any corrections officer ever communicate to

1 you that the plan was to put Mr. Richardson in a restraint
2 chair?

3 A It was mentioned, but I can't recall who.

4 Q Was it ever done?

5 A It was brought up on the second level, and it
6 was down maybe three -- maybe two cells away from where
7 everything was going on.

8 Q Let me follow up on that. You're telling me
9 that the -- They call it the emergency restraint chair.
10 Is that what you call it there?

11 A I just call it the restraint chair. But they
12 call it the emergency restraint chair.

13 Q Your recollection is that the restraint chair
14 was actually brought up to the second level of D Pod;
15 correct?

16 A Correct.

17 Q And that it was sitting, while we can't see it
18 on the video, it was sitting empty a few cells down from
19 cell 544; correct?

20 A Correct.

21 Q Do you recall how long into the incident after
22 you arrived the restraint chair was there and available?

23 A No, I don't. I don't recall.

24 Q Was it near the beginning or was it near the

1 end?

2 A I know that when I got up, after Dayton Fire
3 Department got there, that's when I seen it, when I was
4 starting to head downstairs.

5 Q Did you stay up on the catwalk until the time
6 Mr. Richardson was determined to have stopped breathing?

7 A I went from -- There was enough medical --
8 There was a bunch of other -- There was a bunch of nurses.
9 I don't know if Dr. Ellis was up there or not. Yeah, I
10 think Dr. Ellis was up there. But there was medical
11 personnel up there, and me and Nurse Miles went down to
12 the first floor or down to the lower level to check the
13 other inmate that, you know, his bunk -- his roommate, to
14 see how he was doing, find out -- get some more
15 information on what happened.

16 And while we were down there, that's when we
17 heard them say that he stopped breathing. Then me and
18 Nurse Miles, we went back upstairs.

19 Q That's helpful. So the restraint chair was
20 there before he stopped breathing?

21 A I can't recall if it was -- it was after -- the
22 time when I seen it, because I was kind of tunneled.

23 Q Sure.

24 A Had tunnel vision. The first time that I seen

1 it it was at the top -- it was at the top of the stairs a
2 couple cells down from where the patient was. And it was
3 just sitting there.

4 Q And I'm trying to figure out when you noticed
5 the chair was there.

6 A As I was leaving after Dayton Fire Department.

7 Q Okay.

8 A And the pronouncement of death was there.

9 Q Are you aware of any research or literature
10 that has shown that the prone restraint is a hazardous and
11 potentially lethal restraint position?

12 A The only thing I've heard was the -- about --
13 from the --

14 Q EMS board?

15 A EMS board.

16 Q Okay.

17 A That no -- nobody is to be on their back due to
18 the positional asphyxiation.

19 Q You mean on their belly?

20 A Or on the belly, I mean.

21 Q Yeah, okay.

22 Do you know whether the use of prone restraint
23 is prohibited in the state of Ohio?

24 A No.

1 Q Have you ever seen an executive order from the
2 governor of Ohio dating back as far as 2009 that bans the
3 use of prone restraint across all state agencies?

4 A No.

5 Q According to NaphCare's policies and
6 procedures, a patient is not to be restrained in a manner
7 that can jeopardize his or her health; true?

8 A Correct.

9 Q According to the written policies and
10 procedures for NaphCare, a patient is not to be restrained
11 in an unnatural position; correct?

12 A Correct.

13 Q And prone restraint is considered an unnatural
14 position; correct?

15 A Prone with his hands behind his back, yes, that
16 is an unnatural position.

17 Q And that's what -- the NaphCare policies don't
18 even say with the hands cuffed behind their back?

19 A Correct.

20 Q It just says prone position, prone restraint is
21 an unnatural position; correct?

22 MS. STARTS: Objection.

23 A Correct. In the same fashion corrections has
24 when it comes to cuffing, like I said, and taking charge.

1 BY MR. DICELLO:

2 Q The same policy that says it's prohibited and
3 unacceptable?

4 A It's prohibited for us to put them in there,
5 but it's also not supposed to be -- it shouldn't be done.

6 But --

7 Q Steve, you mentioned to me that you told the
8 corrections officers, you and another nurse said to cuff
9 him in the front and lay him on his back, and the
10 corrections officers denied that request; correct?

11 A Correct.

12 Q Did you ever instruct the corrections officers
13 to sit Mr. Richardson up?

14 A I can't recall.

15 Q Do you ever recall any other nurses or any
16 other medical personnel during this -- the video shows
17 it's about 22 minutes. Is that consistent with your
18 recollection? It's about 22 minutes from the time
19 Mr. Richardson is restrained until the time he dies?

20 A According to the video and the time-lapse that
21 I've seen on the records and stuff, yes.

22 Q At any point in time during that 22-minute
23 encounter, did you hear or become aware of any other
24 medical person instructing the corrections officers to sit

1 Mr. Richardson up?

2 A I can't recall.

3 Q As you sit here today, you can't recall hearing
4 anyone say that; correct?

5 A I can't recall who exactly it was, because
6 there was a lot -- there was a lot of people up there.

7 Q So are you telling me --

8 A And with him being face -- with him being --

9 Q Prone?

10 A -- prone, we -- when we told him to -- when we
11 advised Sergeant Lewis to cuff him in the front and handle
12 him that way, it -- they overrode us. So anything that
13 pretty much we would say would fall -- basically fell on
14 deaf ears.

15 Q Did that frustrate you?

16 A I was -- I was too busy with the other actions
17 going on, trying to, you know, trying to treat him, as he
18 was -- as he was when he was laying facedown. But his
19 right side -- on his right side, left side up, he was --
20 he was able to breathe --

21 Q My question --

22 A -- while I was there. And I was trying to
23 clean -- clean, make sure his airway was out, put some
24 oxygen on him, and he was fighting me. So I was kind of

1 busy to -- to hear all of the other conversations that
2 were going on at the time.

3 Q I appreciate that. My question was: Were you
4 frustrated that Sergeant Lewis denied and overrode you and
5 the other nurse's request to cuff Mr. Richardson in the
6 front and put him on his back?

7 MS. STARTS: Objection.

8 A Personally, I was a little bit perturbed. But
9 my main thing was to just try to do the best patient care
10 I could.

11 BY MR. DICELLO:

12 Q With what you had?

13 A Yes.

14 Q So at any time after that -- I know you said it
15 would have fallen on deaf ears, but I have to ask. At any
16 time after that request, do you recall yourself or any
17 other medical person instructing the corrections officers
18 or recommending to the corrections officers that they sit
19 Mr. Richardson up?

20 A No.

21 Q At any point after your request was denied to
22 handcuff Mr. Richardson in the front and lay him on his
23 back, did you or do you recall any other medical person
24 instructing the corrections officers or recommending to

1 the correction officers to roll Mr. Richardson onto his
2 back?

3 A When I requested, approximately the same time
4 one of the nurses agreed with me. I can't remember who it
5 was.

6 Q This is still the first time?

7 A The first time.

8 Q I'm asking was there any other time?

9 A Not that I recall.

10 Q And I presume this first request was made early
11 on in the confrontation, when they were cuffing him up;
12 correct?

13 A Correct.

14 Q And so then for the next approximately 20
15 minutes, no other requests were made by medical personnel
16 to change Mr. Richardson's position; is that true?

17 A Not that I recall.

18 Q It sounded to me like your expectation was that
19 if you made another request, it would have been denied;
20 correct?

21 MR. PREGON: Objection.

22 A Could have been a possibility. Could have also
23 been a probability.

24 BY MR. DICELO:

1 Q But we don't know, because you guys didn't do
2 it?

3 A I would have to say I don't know if it would
4 have gone on or if it couldn't have, even if it was said
5 or if it wasn't said.

6 Q Would it surprise you to learn that certain
7 people from the corrections side of things have testified
8 in the chair you're sitting in under oath in this case
9 that they were waiting for you to instruct them as to how
10 to position the patient? Does that surprise you?

11 A That -- A lot of times they -- they listen to
12 me. But with this -- in this case, with the patient being
13 violent like he was at times, the sergeants overruled
14 anything that we tried to do or recommended, like me
15 having him cuffed in front and --

16 Q Is it your testimony that Mr. Richardson was
17 violent for 22 minutes up until the time he died?

18 A I cannot say exactly when he died time-wise,
19 when his heart stopped beating. But he was fighting for
20 quite a long time.

21 Q It was a long struggle he had?

22 A Correct.

23 Q While in the prone position?

24 A Yeah.

1 Q You told me that -- and the video shows clearly
2 at times Mr. Richardson is rolled up onto his right side;
3 correct?

4 A Correct.

5 Q Was that done at your instruction?

6 A Yes.

7 Q All right. And you said at that time, while
8 you were there on your knees, you could see that he was
9 breathing; correct?

10 A Yes.

11 Q And then at some point, and the video shows
12 this, Steve, you then get up and are kind of replaced by
13 Corrections Officer Mayes. Do you remember that?

14 A Correct.

15 Q Is that right?

16 A Correct.

17 Q And why is it that Mayes replaced you at the
18 head?

19 A I can't recall exactly. But he said that "I'll
20 go ahead and take over here and hold" -- something to the
21 effect that "I will take over and hold the head so you can
22 do -- get whatever other treatments you can do."

23 Something to that effect. I'm not --

24 Q Okay.

1 A I'm not a hundred percent for sure.

2 Q Once you moved away from the head -- And there
3 are times on the video, I think you'd agree, where you're
4 actually out of the frame?

5 A Correct.

6 Q But once you moved off the head and the times
7 you were outside the frame, who was responsible for
8 monitoring Mr. Richardson's breathing? Would it be the
9 corrections officers?

10 A Well, Officer Mayes is a former, or was a
11 former EMT. So he does have some medical training. The
12 nurses that were up on the -- up there at the time that I
13 exited the frame, they could have watched him breathing.

14 Q I'm not asking who could have done what.

15 A Right.

16 Q I want to know whose responsibility was it from
17 the medical side of things to make sure this man was
18 breathing?

19 A On the medical side of things, it would have
20 been any of us.

21 Q There were some times, and you just told us,
22 that you were doing that; correct?

23 A Correct.

24 Q And then there were other times that you

1 weren't doing that; true?

2 A True.

3 Q At the times you weren't doing it, do you know
4 who was responsible from the medical team to make sure
5 Mr. Richardson could breathe?

6 A It was whoever the nurses were that were
7 upstairs with him.

8 Q All right. In terms of what Mr. Richardson was
9 saying, I've had a chance to depose a lot of people, I've
10 read all the same stuff, some of this is repetitive, but
11 I've got to ask almost everybody, but Mr. Richardson was
12 demanding to be let up; correct?

13 A Correct.

14 Q Mr. Richardson was saying he couldn't breathe;
15 correct?

16 A He said, "Let me up. Let me out of here. Get
17 off me." I honestly cannot recall him saying that he
18 could not breathe.

19 Q You don't have a recollection of that?

20 A I don't have a recollection of that part.

21 Q You were trying to administer him oxygen;
22 correct?

23 A Correct.

24 Q Why were you doing that?

1 A Well, the -- the signs and symptoms that I was
2 looking at is a person that possibly had a seizure and he
3 could have possibly been postictal. That's P-O-S-T-E dash
4 I-C-T-A-L (sic). And he presented to me as somebody that
5 was in that state, even with the diaphoresis, the
6 fight-or-flight syndrome of him fighting with everybody.

7 Q The diaphoresis, you mean he was sweating?

8 A Yes.

9 Q Visibly sweating?

10 A Oh, yeah.

11 The drooling, the blood-tinged sputum, that
12 could have been from him biting his tongue, could have
13 been a cut lip, could have been somewhere down to his
14 lungs, whatever. I was looking at that factor when --
15 because he had the fight-or-flight. So somebody that is
16 in that -- in the postictal state right after a seizure,
17 having all of a sudden a whole bunch of people on him,
18 could have caused him to go -- get violent. And I was the
19 first thing, besides cleaning the airway, which that's
20 what I was doing, wiping the stuff out around his mouth
21 when he was trying to bite me, is put on oxygen. I mean,
22 that's the minimum that we can do.

23 Q So let me follow up. Based on the
24 constellation of symptoms and signs that you observed, and

1 based on your experience of medical conditions that are
2 consistent with that in the jail, you thought that there
3 may be an issue with his oxygenation; correct?

4 A I was clearing his airway from the sputum and
5 the blood, trying to clear that off, so he -- I could put
6 the oxygen on him to help him out of his postictal state.
7 Because oxygen is the first sign -- thing to use on
8 somebody that just had a seizure.

9 Q That's because the body is craving oxygen;
10 correct?

11 A It could be because of craving, it could be
12 different things.

13 Q At a minimum, you thought what was best for
14 this patient was to get him oxygen; correct?

15 A Right.

16 Q And to assist with his ability to breathe in
17 oxygen; correct?

18 A Correct.

19 Q According to the -- Well, did you review
20 Mr. Richardson's medical records for any contraindications
21 to restraint?

22 A No.

23 Q At any time during this 22-minute encounter,
24 did anybody from NaphCare review Mr. Richardson's medical

1 records?

2 A Yes.

3 Q And were they reviewed for contraindications to
4 restraint?

5 A Nurse Foster went down, got his medical records
6 or his medical profile so the injection of Ativan could be
7 given.

8 Q Is that the only reason the medical records
9 were reviewed?

10 A And I cannot say that was the only reason,
11 because it was the nurses that did -- that went down and
12 got the file and got all the orders, got Dr. Ellis and --
13 so I cannot --

14 Q Did the nurses communicate with you as to what
15 the information in the medical records was?

16 A No.

17 Q So at the time you were trying to provide
18 Mr. Richardson medical care, you were also trying to
19 provide recommendations to the corrections staff; correct?

20 A Correct.

21 Q And at that time, you were unaware that
22 Mr. Richardson's medical records contained a history of
23 high blood pressure?

24 A Correct.

1 Q You were unaware that he had been diagnosed
2 with hypertension?

3 A I was unaware of that.

4 Q You were unaware that his blood pressure about
5 three or four hours earlier was 159 over 91?

6 A I did not know that.

7 Q Am I the first person telling you that today?

8 A Yes.

9 Q So up until today, you didn't know what
10 Mr. Richardson's last blood pressure reading was taken by
11 NaphCare before he died?

12 A Correct.

13 Q What does blood pressure of 151 over 91
14 indicate to you?

15 A Hypertension.

16 (Discussion held off the record.)

17 BY MR. DICELLO:

18 Q I'm showing you what's identified, it's -- it
19 says MC 1801 at the bottom there. That means we got it
20 from the Montgomery County defendants in this case. Do
21 you recognize this as a NaphCare document?

22 A Yes.

23 Q And what is it?

24 A This here would be a blood pressure check that

1 the nurses do to -- with the high blood pressure inmates.

2 They'll -- They go around and check blood pressures.

3 Q So "QAM" means he's supposed to have his blood
4 pressure taken every morning; correct?

5 A Every morning.

6 Q And if we look at the next page, MC 1802, his
7 blood pressure wasn't taken that morning, it wasn't taken
8 until about 20 'til one in the afternoon; correct?

9 A That's correct.

10 Q The order wasn't followed; right?

11 MS. STARTS: Objection.

12 A According to the shift, and by where it was
13 entered in here, that is by one of the medics, by another
14 EMT.

15 BY MR. DICELLO:

16 Q So Mr. Rowland is a medic?

17 A EMT, yes.

18 Q And he took Mr. Richardson's blood pressure at
19 12:38 p.m. on May 19th, 2012?

20 A Yes. He was probably asked by one of the
21 nurses, "Hey, I missed this person, can you go up and get
22 it."

23 Q And Mr. Richardson's blood pressure was
24 recorded by Mr. Rowland as being what?

1 A 159 over 91.

2 Q Should that have been reported to the medical
3 care provider, meaning the doctor?

4 A When we get the high blood pressures, we send
5 -- send the -- we give the information to the nurses, and
6 they have standing orders on what the -- what blood
7 pressures to give the Clonidine, and that's what their
8 first line for blood pressures is, to give Clonidine,
9 unless a person is allergic to it.

10 Q My specific question is: Is it your
11 understanding based on the reporting information of the
12 chain, from a medical standpoint, that this reading of 159
13 over 91 should have been communicated to a doctor;
14 correct?

15 A That would be something to ask a nurse about.

16 Q All right.

17 A Because -- And in addition to that, if we have
18 a blood pressure that's high, as medics we would inform
19 the nurse, LPN or RN, whichever one requested us to take
20 the blood pressure, and then the nurse -- then the nurses
21 take it from there.

22 Q This is getting very close, 159 over 91 is
23 getting very close to stage two hypertension; true?

24 A Correct.

1 Q It's borderline?

2 A It's up there.

3 Q So we've talked about the things that you
4 didn't know. You didn't know Mr. Richardson had a history
5 of high blood pressure, was diagnosed with hypertension,
6 and his most recent blood pressure reading was 159 over
7 91. That's information you didn't have when you were
8 responding to this situation; correct?

9 A Correct.

10 Q Based on what you just told me, you would have
11 expected Nurse Foster to have this information, because
12 she retrieved his medical record?

13 A She would have had -- She would have had -- I'm
14 not -- I don't recall exactly what comes out when -- what
15 is printed out when they print out the medical records to
16 show the doctors. I know that was a blood pressure
17 checklist.

18 Q At the time you were responding to
19 Mr. Richardson's incident, did you understand that he had
20 a BMI of 38?

21 A No. I had no prior engagement with
22 Mr. Richardson.

23 Q Showing you what's been -- it's identified as
24 NaphCare, a bunch of zeros, and then a 37. Do you

1 recognize this as a screening form for Mr. Richardson?

2 A That is a screening form, yes.

3 Q And what is his BMI?

4 A Body mass index is 38. That's all -- That's
5 all computer-generated.

6 Q Right. So what I'm getting at, this is

7 Mr. Richardson's medical record that NaphCare has;
8 correct?

9 A Correct.

10 Q What does a BMI of 38 mean for a patient?

11 A That they're obese.

12 Q Mr. Richardson, according to NaphCare, NaphCare
13 understood Mr. Richardson had a history of high blood
14 pressure; correct?

15 MS. STARTS: Objection.

16 A Uh-huh (positive response).

17 BY MR. DICELLO:

18 Q And the folks at NaphCare understood that
19 Mr. Richardson had been diagnosed with hypertension in the
20 past; correct?

21 MS. STARTS: Objection.

22 A It's all stated right on there.

23 BY MR. DICELLO:

24 Q The answer is yes?

1 A Yes.

2 Q Let's talk about what you did know when you
3 responded. You knew that Mr. Richardson had a large
4 abdomen?

5 A Correct.

6 Q Whether or not you knew what his specific BMI
7 was, you knew he was obese?

8 A Correct.

9 Q Based on what I've just shown you for the first
10 time, Mr. Richardson's medical records at NaphCare, his
11 BMI or his diagnosis of hypertension, his history of high
12 blood pressure, the fact that he was borderline stage two
13 hypertensive on the date he died, would you agree
14 Mr. Richardson had preexisting heart disease?

15 MS. STARTS: Objection.

16 A He would have preexisting medical, underlying
17 medical conditions.

18 BY MR. DICELLO:

19 Q If you had access to these medical records and
20 had reviewed them on the morning of May 19th, 2012, you
21 would understand as a medic, as a medic, I'm not asking
22 you as a nurse or as a doctor, but as a medic, that this
23 individual has some form of preexisting heart disease;
24 correct?

1 A Again, it could be some kind of other -- it
2 could be a wide range of things. It could be heart
3 disease. It could be other -- other vascular issues.

4 Q So you wouldn't be able to rule heart disease
5 out?

6 A Right, because I'm not -- I don't have
7 diagnostic equipment to -- to tell exactly what --

8 Q What's causing the high blood pressure?

9 A Exactly.

10 Q Got it.

11 A And I'm not a physician to --

12 Q Understood.

13 But on the differential in terms of an EMT,
14 when you see these kind of clinical levels, you have to in
15 your own mind think this may be a guy with heart disease;
16 right?

17 A Well, it falls into that respect.

18 Q Right. So what you did know was this man was
19 obese; correct?

20 MS. STARTS: Objection.

21 A By visual only.

22 BY MR. DICELLO:

23 Q Yeah. And you knew that he was struggling with
24 corrections officers; correct?

1 A Yes.

2 Q You knew that he was placed in a prone position
3 on his belly; correct?

4 A Yes. But he was -- Like I said, he was -- the
5 upper torso was on the right side.

6 Q At times; correct?

7 A While I was with him, he was on his right side.

8 Q Have you reviewed the video and seen where at
9 other times Mr. Richardson is facedown?

10 MS. STARTS: Objection.

11 A I reviewed the video, and yes, he was -- he
12 wasn't face facedown, but his head was down and to the
13 side.

14 BY MR. DICELLO:

15 Q All right. Both his shoulders were on the
16 ground; correct?

17 A Not while I was treating him.

18 Q So after you stopped treating him, did you see
19 on the video where both of his shoulders are pressed
20 against the ground?

21 A Yes.

22 Q That's a prone position; correct?

23 A Yes.

24 Q Did you intercede at that point in time to

1 instruct the officers to get him out of the prone
2 position?

3 A At that time I was probably downstairs with the
4 other -- other inmate.

5 Q If you were up there, would you have instructed
6 them to get him out of that position?

7 A Yes.

8 Q For the patient's safety; correct?

9 A Yes, I would have.

10 Q So your expectation would be any nurse who is
11 up on the catwalk while you were downstairs would have
12 instructed the corrections officers to get Mr. Richardson
13 out of the prone position; correct?

14 A I cannot speak for them.

15 Q Okay.

16 MR. PREGON: Are we at a restroom break, Nick?

17 MR. DICELLO: Couple more questions.

18 BY MR. DICELLO:

19 Q At the time you were there, you understood
20 Mr. Richardson's hands were cuffed behind his back;
21 correct?

22 A Yes.

23 Q And there was a corrections officer straddling
24 his lower body?

1 A He was on his legs.

2 Q There was a corrections officer controlling
3 each shoulder?

4 A I don't recall on each shoulder.

5 Q Did you instruct anyone while you were there
6 "Don't put any pressure on his back"?

7 A I cannot recall.

8 Q As you sit here today, you don't recall saying
9 that?

10 A Probably no.

11 Q Did you instruct anybody "Don't put any
12 pressure on his head"?

13 A The -- When Officer Mayes took over, I'm like,
14 "Just do it, do as much as I'm doing." Other than that,
15 what he did was under his own --

16 Q Did you ever instruct Mr. Mayes, Officer Mayes,
17 "Don't put pressure on his head"?

18 A No.

19 Q Did you ever instruct anybody not to put
20 pressure on his, you know, his butt and lower back area
21 where the corrections officers already testified he was
22 straddling?

23 A No.

24 Q And did you tell the officers who were on the

1 shoulders "Do not put pressure on this man's back"?

2 A No.

3 Q Okay.

4 MR. DICELLO: We can take a break.

5 (Discussion held off the record.)

6 BY MR. DICELLO:

7 Q We're back on the record after a break,

8 Mr. Stockhauser. We've been talking about positional

9 asphyxia and you explained that condition. Is that a

10 medical condition?

11 A It's a physical condition that somebody would

12 be put into.

13 Q You were telling us about some of the things

14 you said to the corrections officers and some of the

15 things that Sergeant Lewis said to you all, and I asked

16 you questions, well, after that initial recommendation and

17 request about cuffing Mr. Richardson in the front, did you

18 or any other nurse give any recommendations, and I think

19 your testimony was no, I don't recall having done that;

20 correct?

21 A We didn't recommend, we told them -- we told

22 corrections to cuff them in the front and they said no.

23 Q At any point in time after he was cuffed up,

24 Mr. Richardson was cuffed up behind the back, up until the

1 time that he was discovered to have stopped breathing, did
2 any corrections officer ask you how to position
3 Mr. Richardson?

4 A No.

5 Q Were you present when any corrections officer
6 asked any other medical person, from the time
7 Mr. Richardson was cuffed in the back and on the ground to
8 the time he was noticed to have stopped breathing --

9 A No.

10 Q -- where a corrections officer ever asked any
11 other medical person how to position Mr. Richardson?

12 A No.

13 Q You used the term "risk factor" earlier when we
14 were talking about heart disease, and I think what you
15 told me is that somebody with high blood pressure, a
16 history of hypertension, and a 159 over 91 blood pressure
17 reading, those are all risk factors for heart disease;
18 correct?

19 A Correct.

20 Q I want to ask you: Are you familiar with what
21 some of the risk factors are for positional asphyxiation,
22 okay?

23 A (Nods head.)

24 Q Obesity. Is that a risk factor for positional

1 asphyxia?

2 A Depends on how they're positioned.

3 Q Let's focus on prone positioning with hands
4 cuffed behind the back.

5 A Yes.

6 Q Obesity under those circumstances is a risk
7 factor that puts someone at a higher risk of dying from
8 positional asphyxia; true?

9 A Yes.

10 Q So Mr. Richardson was at an increased risk of
11 death from positional asphyxia based on his obesity; true?

12 A I cannot answer that in a professional medical
13 way, but --

14 Q Why not?

15 A Due to my training and stuff, the only one that
16 would be able to do that would be a physician.

17 Q So are you telling us that a physician needed
18 to be there on site to assist in how Mr. Richardson was
19 positioned?

20 A Well, I am saying that -- Well, I can't say if
21 he was -- if it was a risk factor of him being down like
22 that or not because, A, I did -- when I was with him, he
23 was -- his upper torso was to the side. To the bottom, I
24 mean, that's -- that's -- that's where -- or when he's

1 completely flat, flat down, if he was able to breathe, I
2 mean, that would -- would eliminate asph -- asph -- I
3 can't talk.

4 Q Asphyxia?

5 A I can't talk today. But not able to breathe.
6 If he is breathing and talking. I mean, he can't be --
7 can't be suffocated if he's breathing.

8 Q Well, suffocation is just one form of
9 asphyxiation; true?

10 A It's hand in hand --

11 Q If you know.

12 A It's hand in hand. I mean, like if you put a
13 pillow over somebody's face, they could asphyxiate, which
14 is suffocate.

15 Q Right.

16 A Same thing.

17 Q Mechanical asphyxiation isn't suffocation, or
18 is it? Or do you know?

19 A Any time that somebody's airway is compromised
20 and they can't breathe, that is asphyxiation.

21 Q Do you consider that suffocation?

22 A Yes.

23 Q Okay. So I'm not sure I understood your
24 answer. I'm trying to get your insight, just as a medic,

1 okay, who was on scene at the time and witness to what was
2 happening, as to what the risk factors are that put any
3 one detainee at higher risk than another for positional
4 asphyxia if they're put in a prone restraint position. I
5 think you've told me that obesity is a risk factor that
6 increases the likelihood of positional asphyxiation death;
7 correct?

8 A Correct.

9 Q And you were aware of that on May 19th, 2012;
10 true?

11 A Yes.

12 Q And in particular, when it comes to -- people
13 can be obese in different ways; right?

14 A Right.

15 Q Their weight can be distributed in different
16 areas; true?

17 A Yes.

18 Q But somebody who is obese and has a protuberant
19 or larger abdomen is at a particularly increased risk of
20 dying from positional asphyxia when placed in a prone
21 position; true?

22 MS. STARTS: Objection.

23 BY MR. DICELLO:

24 Q If you know.

1 A It depends on -- depends on a lot of factors on
2 how they are actually put on the ground and stuff. I know

3 --

4 Q I'm talking prone restraint, flat on their
5 belly.

6 A That is a possibility.

7 Q And do you understand why it is that a
8 protuberant or a large abdomen puts somebody at an even
9 higher risk of dying from positional asphyxia when they're
10 in a prone position on their belly?

11 A Yes.

12 Q How is that?

13 A Compression of the diaphragm.

14 Q So the contents of the stomach, the belly, get
15 pressed up underneath the rib cage; correct?

16 A Yes.

17 Q And that can put pressure on the diaphragm and
18 interfere with someone's ability to breathe; correct?

19 A Correct.

20 Q And you knew that on May 19th, 2012; true?

21 A True.

22 Q Preexisting heart disease is a risk factor that
23 puts someone at an increased risk of death from positional
24 asphyxia; true?

1 A Can you restate that again for me, please?

2 Q Yeah. Preexisting heart disease is a risk
3 factor that puts someone at an increased risk of death
4 from positional asphyxiation when placed in prone
5 restraint; true?

6 MS. STARTS: Objection.

7 A Yes.

8 BY MR. DICELLO:

9 Q You knew that on May 19th, 2012; correct?

10 A Yes.

11 Q Cardiac hypertrophy is associated with high
12 blood pressure, can be; true?

13 A Yes.

14 Q And do you know whether or not cardiac
15 hypertrophy is a risk factor that increases someone's risk
16 of death from positional asphyxia when placed in a prone
17 position?

18 A No, I don't.

19 Q Pressure on the abdomen I think we talked
20 about, but pressure on the abdomen, either by way of body
21 weight or actual external pressure, increases the risk of
22 death from positional asphyxia; correct?

23 A Correct.

24 Q Pressure on the back, upper or lower, or the

1 neck, increases the risk of positional asphyxia death;
2 true?

3 MS. STARTS: Objection.

4 A Back lower, I cannot say.

5 BY MR. DICELLO:

6 Q Okay.

7 A Frontal, yes.

8 Q And pressure on the head and neck also
9 increases the risk of positional asphyxia?

10 MS. STARTS: Objection.

11 A It depends on -- Well, if somebody is being
12 held down, they got the adrenalin flowing from fighting,
13 yes.

14 BY MR. DICELLO:

15 Q That's another thing I should have said. A
16 struggle, having engaged in a struggle increases the risk
17 of death from positional asphyxia; true?

18 A Yes.

19 Q And that's because the tissue in the body
20 requires and demands more oxygen; correct?

21 A Correct.

22 Q And if the body and tissue is deprived of that
23 oxygen by a mechanical force, that can result in muscle
24 fatigue and death; correct?

1 A Correct.

2 Q And what I just described, that's something you
3 were aware of on May 19th, 2012?

4 A Correct.

5 Q Sometimes respiratory muscle fatigue that I
6 just described is just described as exhaustion; true?

7 A Occasionally, yes.

8 Q And respiratory muscle fatigue, when somebody
9 is deprived of oxygen, can cause death by positional
10 asphyxiation; true?

11 A Yes.

12 Q Use of rear handcuffing while someone is in a
13 prone position increases the risk of positional
14 asphyxiation death; true?

15 A Yes.

16 Q People who have enlarged hearts, cardiomegaly,
17 are at an increased risk of dying from positional
18 asphyxia; true?

19 A Yes.

20 Q Verbal complaints that someone can't breathe is
21 a risk factor associated with positional asphyxiation
22 death; true?

23 A That is not a risk factor. That is a statement
24 that a person may say.

1 Q Any signs that someone is having trouble
2 breathing can increase the risk of positional asphyxiation
3 death while in a prone position; correct?

4 A Signs of breathing -- difficulty breathing, is
5 not a factor of the positional asphyxiation.

6 Q Foam or mucus coming from the nose or mouth is
7 a sign that's associated with a higher risk of death by
8 positional asphyxiation; true?

9 A That can be caused from almost anything. And
10 the foam and sputum out of his mouth, I cannot tell where
11 it was from and -- but he was still talking when he was --
12 when I was treating him on that.

13 Q I understand. What I'm trying to do is say --
14 I mean, I think witnesses in this case are going to
15 testify that there's a lot of medical literature out there
16 on positional asphyxia. Are you aware that there's
17 generally a body of medical literature on this topic?

18 A Yes.

19 Q And when we're identifying risk factors, we're
20 trying to identify a constellation of symptoms, while
21 individually may not be indicative of positional asphyxia,
22 but when you start adding one on top of the other, you're
23 painting a picture of somebody who is at high risk of
24 positional asphyxia.

1 A Right.

2 Q Do you understand that's how risk factors work?

3 A Right.

4 Q And foam or mucus coming from the nose or mouth
5 is one of those signs, that in conjunction with other
6 signs and symptoms points towards painting a picture of
7 positional asphyxia; correct?

8 A Yes. And it depends on the position of the
9 patient at the time. If he's prone, yes. But if he was
10 not prone, it could be several different other issues.

11 Q Gurgling sounds are associated with positional
12 asphyxia; correct?

13 A Yes.

14 Q The death rattle, you've heard that term?

15 A Yes.

16 Q The gurgling sound, they call it death rattle;
17 right?

18 A Sometimes.

19 Q That death rattle is associated with positional
20 asphyxiation; true?

21 A As far as I know, yes.

22 Q You mentioned earlier this fight-or-flight
23 response. As a medic in the medical field, are you
24 familiar with the concept that the human body

1 autonomically will fight and struggle for air if it's
2 being deprived of oxygen?

3 A Yes.

4 Q And that's subconscious; true?

5 A Yes.

6 Q So the analogy I used with somebody else, it's
7 impossible for you or I to hold ourselves under water
8 until we die; right?

9 A I don't remember you saying that.

10 Q I did it with another witness. But the analogy
11 is, if you or I jump in a pool and say, "Well, I'm just
12 going to go under water until I die," our bodies won't let
13 us do it?

14 A Yes, unless you really -- unless you really
15 want to do it.

16 Q What I'm getting at is one thing that people
17 who are restraining somebody who is being perceived as
18 being combative has to understand is that the
19 combativeness may be the body's autonomic fight-or-flight
20 response when they're fighting for air; correct?

21 A That's correct.

22 Q And so something that correction officers and
23 EMTs in the correctional setting have to be aware of is
24 this individual may not be fighting us, this individual's

1 combativeness may be him trying to get up to breathe to
2 live; correct?

3 A Correct.

4 Q Did you consider that on May 19th, 2012?

5 A Yes. That's why I was trying to apply oxygen
6 and --

7 Q And get him onto his side. You were trying to
8 get him onto his side; right?

9 A As much on the side as I could.

10 Q And that's another reason you asked for him to
11 be cuffed in the front and laid on his back; true?

12 A Correct.

13 Q Knowing what you know now, what I told you
14 about your patient's prior medical history, his blood
15 pressure readings, his BMI, now that you know this stuff,
16 would you have done anything differently on May 19th, 2012
17 with that information?

18 A To be honest with you, I am there to treat as
19 an emergent. I don't know all the patient's histories and
20 meds and all -- and different things, what previous care
21 he's been under. I am there to treat what I see. And
22 then when higher medical authority shows up, the higher
23 medical authority takes over.

24 Q So who took over for you?

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1 A Me and Nurse Miles showed up at pretty much the
2 exact same time.

3 Q So who was in charge medically?

4 A Medically, Dr. Ellis.

5 Q Who was on scene who was in charge of the
6 actual scene?

7 A Originally, it was Nurse Miles.

8 Q She's an LPN?

9 A She's an LPN.

10 Q So --

11 A And then -- And in that setting, she's higher
12 certification-wise than me.

13 Q Did she provide you any instruction?

14 A No.

15 Q Did you hear her say anything to any of the
16 corrections officers other than what you told us about the
17 original please cuff him in the front and put him on his
18 back?

19 A That was pretty much it.

20 Q And then when Nurse Foster responded, would she
21 have been the highest authority in charge on the scene?

22 A I am not -- I can't remember if she was an RN
23 at that time or an LPN.

24 Q Assuming she was an RN, would she be higher

1 than --

2 A Yes.

3 Q -- Miles?

4 A Correct.

5 Q What was your understanding of what the plan
6 was for Mr. Richardson?

7 A My understanding was to get him -- to have him
8 brought down to medical, either in the restraint chair or
9 whatever. When we first got there, it was to get him
10 calmed down so we can find out what's going on with him,
11 get him down to medical, do a further assessment on him,
12 and then have him trans -- then if needed, have him
13 transported out.

14 Q That didn't happen; correct?

15 A No.

16 Q And what is your understanding of why that
17 never happened?

18 A Because he ceased to breathe, no heartbeat, and
19 -- and when that happened, EMS was called, we worked on
20 him, the corrections officers were doing a fantastic CPR,
21 and Dayton Fire showed up, treated him, and they conveyed
22 or Dr. Ellis had that there -- he wasn't -- he wasn't in a
23 liveable state.

24 Q But before he died, why wasn't he taken down to

1 medical according to the plan?

2 A We had to -- They had to get him secured due to
3 his violent state, due to him fighting -- fighting any and
4 all care, medical and correctional. And by -- that's --

5 Q So can I just ask --

6 A He wasn't able to be brought downstairs to be
7 further assessed.

8 Q Why not?

9 A Because he was violent. Because he was being
10 violent at the time and it wasn't safe to -- we weren't
11 able to move him.

12 Q So is it your testimony that when a detainee is
13 not cooperative with commands that the only alternative is
14 to hold him down on the ground until they stop moving or
15 breathing?

16 A No. The --

17 Q There has to be a plan in place outside of
18 that; right?

19 A The medical plan is to -- to have the patient
20 in a position -- in a mental condition able to be
21 transported to the medical area to be further assisted.
22 And in this case, he wasn't able to be calmed down enough
23 to be medically assisted.

24 Q So that's kind of my question. What's the

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1 backup plan, just hold someone down until they either calm
2 down or stop breathing? If you know.

3 A No.

4 Q You don't know?

5 A I don't know.

6 Q All right. The NaphCare policies and
7 procedures on restraints and seclusions, and I'll just
8 point you to NaphCare 93, those policies and procedures
9 acknowledge that there are state regulations regarding the
10 use of restraints; correct?

11 A Correct.

12 Q Do you know what Ohio's state regulations are?

13 A No.

14 Q Did anybody at NaphCare tell you what the Ohio
15 state regulations regarding restraints are as referenced
16 in the policy?

17 A Just about the positional -- just about the --
18 just the positional itself.

19 Q What do you mean by that, "just the positional
20 itself"?

21 A About not -- not being able -- not -- no
22 facedown.

23 Q So I think what you're referring to is just the
24 part of the restraint policy that says don't restrain in a

1 manner which can jeopardize the health and don't put in an
2 unnatural position?

3 A Right.

4 Q For example, "hot-tied," that probably means
5 hog-tied; right?

6 A Right.

7 Q "Hot-tied," I think that's a typo, hog-tied,
8 "facedown, spread eagle"; right?

9 A Right.

10 Q Other than that's written in the actual policy,
11 did NaphCare provide you anything about Ohio state
12 regulations concerning restraints that are referenced in
13 the policy?

14 A No.

15 Q Mr. Richardson had information in his medical
16 records that made prone restraint contraindicated; agreed?

17 A From what I've read, yes.

18 Q And that includes, but isn't necessarily
19 limited to, his obesity and his preexisting heart disease;
20 correct?

21 A Correct.

22 Q Restraining Mr. Richardson on his belly with
23 his shoulders on the ground and his head turned to the
24 side would be improper use of restraint; correct?

1 MR. PREGON: Objection.

2 A It would -- I -- Yes, it would be.

3 BY MR. DICELLO:

4 Q And improper use of restraints, the medical
5 staff is supposed to notify the institutional authority of
6 any improper use of restraints; correct?

7 A Yes.

8 Q Do you know if anybody from NaphCare ever
9 notified anybody at the institution that there was
10 improper use of restraint on Mr. Richardson?

11 A When we told him -- told them that we needed
12 them to cuff him in the front so we could have him on his
13 back so we can assess him, that was their notification.

14 Q Referring back to the restraint and seclusion
15 policy at NaphCare, and I'm on NaphCare 91, it says, "With
16 regard to custody order restraints" -- that's what
17 Mr. Richardson's situation involved; correct?

18 A Correct.

19 Q -- "the security staff will notify the nursing
20 staff in order to review the health record for any
21 contraindications to restraints or necessary
22 accommodations." Were you ever instructed to do that?

23 A No. I was too busy working on him at that
24 time.

1 Q And then it says, the policies that is,
2 NaphCare's policies say, "Should the healthcare staff note
3 improper use of restraints," which we just talked about,
4 "which may jeopardize the health of a patient, all
5 concerns will be immediately relayed to the appropriate
6 institutional authority."

7 Is what you're telling us that when you and
8 Nurse Miles told the sergeants to cuff him in the front
9 and put him on his back, that was you communicating your
10 concerns in connection with this policy?

11 A Yes.

12 Q Did anyone ever interview you about what
13 happened?

14 A As in a formal interview, no.

15 Q How about an informal interview?

16 A Informal interview, yes. The medical staff,
17 after -- after the incident, we talked about -- talked
18 amongst ourselves as a group, individually and as a group,
19 as to what happened. And also with the doctor. And other
20 than that, that's -- when it comes to interviews,
21 questioning and stuff like that, no.

22 Q Can you tell me when this discussion amongst
23 the healthcare personnel took place?

24 A Immediately after the pronouncement of death,

1 we all went down to medical and we talked.

2 Q Okay.

3 A Talked, a diffusing thing that medical --

4 Q Debrief?

5 A Yeah, debrief.

6 Q Debriefing?

7 A Yeah.

8 Q Who was present at that meeting after the
9 pronouncement?

10 A All of the medical people that were involved.

11 Q Was Dr. Ellis there?

12 A Dr. Ellis was there.

13 Q Was the health service administrator there?

14 A No.

15 Q You were there?

16 A Yep.

17 Q Nurse Foster?

18 A Yes.

19 Q Nurse Miles?

20 A Yes.

21 Q Boehringer?

22 A Yes.

23 Q Anybody else that I'm missing?

24 A Krisandra Kruse.

1 Q Okay. That was --

2 A Kristy Kruse.

3 Q When you responded, you described for me based
4 on your assessment you thought the patient was showing
5 signs and symptoms consistent with a potential seizure;
6 correct?

7 A Correct.

8 Q I want to ask you: When you were responding
9 and observing the patient, was he showing signs and
10 symptoms consistent with having a heart attack?

11 A No.

12 Q Have you reviewed any of the death summaries
13 prepared by NaphCare in this case?

14 A If you don't mind me backtracking.

15 Q Go right ahead.

16 A On the last question of signs and symptoms of a
17 heart attack, for the majority, I'll say about 90 percent
18 of what I was observing, was seizure -- was postictal-type
19 seizure signs and symptoms.

20 Q Yep.

21 A Never once did he complain of chest pain.

22 Never once did he grab his chest, grab his arm, shoulder.

23 I'd say around the back, but that's when they cuffed him.

24 But he would not answer us in reference to what was going

1 on with him. We were trying to get ahold of -- find out
2 what was going on with him, and he didn't do any -- didn't
3 say anything other than "I want to go. Get me out of
4 here." And again, that's fight-or-flight.

5 Q Now, back to this meeting where the medical
6 personnel were. Who conducted that meeting, if anyone?

7 A It was kind of a joint amongst everybody.
8 Nobody was really in charge. Everybody just talked about
9 it.

10 Q Steve, I want you to tell me what you remember
11 other people saying and what you remember saying during
12 this meeting.

13 A I can't recall, to be honest with you.

14 Q Did anybody take notes or write anything down
15 during the meeting?

16 A No.

17 Q Was it recorded in any way?

18 A No.

19 Q Did you discuss Mr. Richardson's positioning if
20 you remember?

21 A I cannot recall.

22 Q How long did the meeting last?

23 A Probably about ten minutes or so.

24 Q Was anybody asked to do anything to follow up

1 at that point in time after the meeting?

2 A The only follow-up that I know of was -- was
3 Dr. Ellis and one of the nurses did the -- did the summary
4 -- the inmate's death summary page, and we reviewed that
5 and signed off on it that we agreed with it.

6 Q And I think what you're referring to is an
7 incident report; correct?

8 A That's the one that has all the -- Yeah, that
9 page right there.

10 Q Let me just show you.

11 A Right there.

12 Q So I'm showing you -- Well, that's the Medical
13 Emergency Code Report.

14 MS. STARTS: So you're acknowledging now that
15 you did receive that report which you said before you
16 didn't receive?

17 MR. DICELLO: No, I was asking earlier about
18 the Emergency Response Critique Form.

19 BY MR. DICELLO:

20 Q Have you ever seen that form?

21 A No.

22 Q That's a form that's actually listed by those
23 exact words in the policies and procedures and it's
24 supposed to be filled out after every emergency; right?

1 A We've had so many emergencies, the last -- most
2 of the times what happens is if there's an emergency we
3 just put something in the county sheriff's Tiburon system
4 to be added onto their inmate file.

5 Q Okay. In your Tiburon report, you indicate,
6 "Inmate Richardson" -- Shouldn't you be referring to him
7 as a patient?

8 A In -- I used to put patient on there, and I was
9 notified by several sergeants to put inmate.

10 Q Have you ever been told that you and the other
11 medical staff are considered guests while you're working
12 in the jail?

13 A Yes.

14 Q And it's the corrections staff that makes sure
15 you understand that you are only guests in their jail;
16 correct?

17 A Well, it is in the NaphCare book that we are
18 their guests and that our security clearance and other
19 things can be revoked at any time and we can be escorted
20 out as in like -- as in like a visitor or whatever.

21 Q Got it.

22 You do indicate in your Tiburon report that
23 "Inmate Richardson was very sweaty and nonresponsive to
24 verbal or painful stimuli".

1 A Correct.

2 Q What did you mean by "nonresponsive to painful
3 stimuli"?

4 A When he was being held -- held down or
5 restrained, whenever somebody would say -- like if when
6 they were cuffing him or whatever, that would cause some
7 pain. A big guy getting his arms behind his back, that's
8 kind of painful.

9 Q Yeah.

10 A He did not respond in an appropriate manner
11 like "ouch." And when we were telling him to calm down,
12 he did not respond.

13 Q And I want to ask you. You were there. A lot
14 of people have described Mr. Richardson as being
15 disoriented. Is that consistent with your recollection?

16 A In the state that he was, that he was in, like
17 I said, a possible postictal state, that would throw him
18 into a disoriented state.

19 Q What I'm saying is: Is that consistent with
20 your observations, that there was some level of
21 disorientation?

22 A Yes.

23 Q So his what was perceived as combativeness or
24 inability to comply with verbal orders, did you have any

1 idea whether that was intentional or unintentional?

2 A That, I wouldn't be able to say, because I
3 wasn't him.

4 Q Did you have to at least consider that it may
5 be unintentional?

6 A Yeah, I was considering that because of the
7 possible postictal state.

8 Q And the possible fight-or-flight response you
9 were talking about?

10 A Correct.

11 Q Did you do anything to follow up to learn how
12 Mr. Richardson died there at the jail?

13 A The only thing that I ever heard was a
14 preliminary report from the coroner's office.

15 Q Who told you about that?

16 A One of the corrections officers.

17 Q Did anybody from medical ever report back to
18 you and say, "Here's what happened to Mr. Richardson, this
19 is why he died"?

20 A There's a possibility they might have, but I
21 can't recall who it was or how long -- who the --
22 corrections was -- one of the correctional officers was
23 the first one to tell me about it.

24 Q Do you remember who it was?

1 A No, I don't.

2 Q Do you remember what the corrections officer
3 told you?

4 A He just said he died of a heart attack.

5 Q Do you know what kind of heart attack he died
6 from?

7 A According to -- The correctional officer didn't
8 tell me, but according to what I've read, was left
9 descending -- or descending --

10 Q Left anterior descending artery?

11 A Yeah. The widowmaker is what it's also called.
12 He had a blockage. And that with a high blood pressure
13 and stuff was the cause.

14 Q In your experience as an EMT all these years,
15 how many 28-year-old men die from widowmaker heart attacks
16 in the LAD?

17 A That I've had or in general?

18 Q Well, however you want to quantify it. Let me
19 offer an answer. It's exceedingly rare in that age group,
20 isn't it?

21 A Well, with obesity being on the rise, and that
22 can be a -- a changing factor. Depends on when the study
23 came out.

24 Q Were you ever retrained to report out-of-range

1 blood pressures to the provider as a result of this?

2 A I was always trained to, and told if a blood
3 pressure was out of the norm, notify the nurse. And then
4 if -- and then upon recheck, if it's still outside the
5 norm, same thing. And then the nurse would contact the
6 provider.

7 Q I appreciate that, that you follow those rules.

8 But my question is specific. Did you receive any
9 retraining as a member of the NaphCare staff as a result
10 of this incident to report out-of-range blood pressures to
11 the provider?

12 A No.

13 Q Did you receive any training that indicated
14 that a nurse is to remain with a patient for a minimum of
15 15 minutes after injections and monitor the patient,
16 including vitals, as a specific result of this death
17 involving Mr. Richardson?

18 A Not specific involving, but the policy was
19 after an injection the nurses are supposed to stay with
20 them for at least 15 minutes.

21 Q According to the death summary completed by
22 NaphCare, prior to the injection, patient was being held
23 down on the floor in prone position by a few correctional
24 officers. That's what happened; correct?

1 A Correct.

2 MR. PREGON: Objection.

3 BY MR. DICELLO:

4 Q And according to NaphCare's incident report,
5 it's very similar language but just a little different, it
6 says, "Prior to injection, patient was being held down in
7 a prone position by several correctional officers."

8 That's what the incident report says; correct?

9 A Yes, it does.

10 Q Because that's what happened; right?

11 MR. PREGON: Objection.

12 A (Nods head.)

13 BY MR. DICELLO:

14 Q Yes?

15 A Yes, it does.

16 Q I'm going to take two minutes to look over my
17 notes. I think I'm done. I don't think --

18 MR. DICELLO: Do you have any questions, Jamey?

19 MR. PREGON: I don't think so, Nick.

20 BY MR. DICELLO:

21 Q Just bear with me one minute, Mr. Stockhauser.

22 (Pause in proceedings.)

23 BY MR. DICELLO:

24 Q Thanks for your patience. Thanks for your

117

1 time. Those are all the questions I have.

2 A Okay.

3 MS. STARTS: We'll read.

4 - - -

5 (Signature not waived.)

6 - - -

7 And, thereupon, the deposition was concluded at

8 1:57 p.m.

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1

December 16, 2015

2 Dear Mr. Stockhauser,

3 You have chosen to read and sign your transcript.
4 Please do not mark on the transcript. Any
5 corrections/changes you may desire to make in your
6 testimony should be typewritten or printed on the errata
7 sheet at the end of testimony, giving the page number,
line number and desired correction/change. After you have
read the transcript, sign your name on the correction
sheet and where indicated at the close of testimony before
a notary public.

8 The Rules of Civil Procedure allow thirty days for
9 you to read and sign. Please return the signature page
10 and errata sheet to Whitney Layne, 6723 Cooperstone Drive,
Dublin, Ohio 43017 within that time. Failure to do so in
the allotted time will result in your transcript being
used as though read and signed by you.

11

12

Sincerely,

13

Whitney Layne

14

Professional Reporter

15

Cc:

16

Nick DiCello

17

Carrie Starts

18

Jamey Pregon

19

20

21

22

23

24

119

1 State of _____

2 County of _____

3 I, STEVEN STOCKHAUSER, do hereby certify that I
4 have read the foregoing transcript of my deposition given
5 on December 7, 2015; that together with the correction
6 page attached hereto noting changes in form or substance,
7 if any, it is true and correct.

8 _____

9 STEVEN STOCKHAUSER

10 I do hereby certify that the foregoing transcript
11 of the deposition of STEVEN STOCKHAUSER was submitted to
12 the witness for reading and signing; that after he had
13 stated to the undersigned Notary Public that he had read
14 and examined his deposition, he signed the same in my
15 presence on the _____ day of _____, 2015.

16 _____

17 Notary Public

18 My Commission Expires on _____

19 - - -

20

21

22

23

24

120

1 TO THE REPORTER:

2 I have read the entire transcript of my deposition taken
3 on the ____ day of _____, 20____, or the same has been
4 read to me. I request that the following changes be
5 entered upon the record for the reasons indicated.

6

7 Page Line Correction and reason therefore

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____

19 _____

20 _____

21 _____

22 _____

23 Date _____ Signature _____

24

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1 CERTIFICATE

2 State of Ohio :

3 County of Franklin:

4

5 I, Whitney Layne, Notary Public in and for the
6 State of Ohio, duly commissioned and qualified, certify
7 that the within named STEVEN STOCKHAUSER was by me duly
8 sworn to testify to the whole truth in the cause
9 aforesaid; that the testimony was taken down by me in
10 stenotype in the presence of said witness; afterwards
11 transcribed upon a computer; that the foregoing is a true
12 and correct transcript of the testimony given by said
13 witness taken at the time and place in the foregoing
14 caption specified.

15

16 IN WITNESS WHEREOF, I have set my hand and
17 affixed my seal of office at Dublin, Ohio, on this 16th
18 day of Decemer, 2015.

19 Whitney Layne

20 Whitney Layne, Notary Public

21 In and for the State of Ohio

22 My Commission expires May 4, 2020

23

24

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